Evaluation

of

“Hear My Voice!”

Empowering Tajik Civil Society for Disability Rights Advocacy in Tajikistan

CISU funded project

by

Mission East

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List of Acronyms

APCwDs – Association of Parents of Children with Disabilities
CBR - Community-based rehabilitation
CISU – Civil Society in Development
CRPD – Convention on Rights of Persons with Disabilities
CwD – Children with Disabilities
IE – Inclusive Education
KACP - Kulob Association of Committees of Parents
KG - Kindergarten
ME – Mission East
NGO – Non-governmental organization
OCA - Organization Capacity Assessment
PACP – Penjikent Association of Committees of Parents
PC - Project Coordinator
SDG – Sustainable Development Goals
UNPRPD MDTF - UN Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund
Executive Summary

The project entitled *Hear My Voice – Empowering Tajik Civil Society for Disability Rights Advocacy* was financially supported by the Danish Fund Civil Society in Development (CISU) from February 2014 to March 2017. The project was implemented by Mission East, together with four Tajik partners: Zarshedabonu, Nuri Umed - national non-governmental organizations (NGOs), the Kulob Association of Committees of Parents (KACP) of children with disabilities and the Panjakent Association of Committees of Parents (PACP) of children with disabilities, in Khatlon and Sughd provinces. The overall objective of this project is to empower Tajik civil society to advocate with and for people with disabilities for their right to meaningful participation in society and equal access to resources and services.

After the tenure of the project ended in March 2017, Mission East commissioned an end-of-project evaluation to assess impact and to capture lessons learned for future programming.

A consultative and participatory methodology was adopted for the evaluation, involving key stakeholders to maximize learnings and to ensure ownership of the findings and outcomes of the evaluation. Special attention was paid to eliciting information on what really worked and why, and what could have been done better. A mix of methods were used, including document review, individual interviews, focus group discussions, rating of objectives and collection of case studies. The stakeholders met included ME partner organizations – Zarshedabonu and KACP in Kulob, Nuri Umed and PACP in Panjakent; Government education departments in Kulob and Panjakent; Advocacy coordination councils in Kulob and Panjakent; Universities in Dushanbe, Kulob and Panjakent; Children with disabilities/families; ME staff in Tajikistan.

At the end of the field visit, the key impressions were shared through a debriefing session with key ME staff in Dushanbe and Brussels (through skype) to validate findings. After analyzing the information collected using content analysis and interpretive analysis, a draft Report was prepared and circulated for comments. Based on feedback received, the Report was finalized.

Limitations

The delay in visa processing meant that the Project Coordinator was not available to be with the Consultant during the evaluation. The process of continuous reflection and cross-checking of impressions which helps validate findings was thus affected. However, the PC was available at the beginning and at the debriefing, which helped address this to some extent.

Although an attempt was made to collect most significant change stories using a template sent earlier, only 2 individual responses were received, and both did not confirm very well to the template of ‘most significant change’ stories.
Collection of individual significant change stories during the field visit was not feasible due to time constraints. Instead the consultant relied on information gathered from diverse stakeholder meetings to record the significant changes/achievements of the project.

**Significant findings**

The evaluation findings show that the goal and key action areas - capacity building of partners and parents for rights-based approaches, advocacy, inclusive education, early intervention - of the *Hear My Voice* project of Mission East Tajikistan are **very relevant, appropriate and address a need** in the country, especially in remote regions and rural areas. They are also in line with international frameworks like the UN CRPD, the Sustainable Development Goals (SDG) and the WHO CBR Guidelines.

In terms of effectiveness, the project has shown **some impressive outcomes** in the areas of inclusive education, advocacy, cooperation with universities and government, parent empowerment, partner visibility/acceptance by government and community at large, organization management, rehabilitation and early intervention and some local fund-raising by partners. Children with disabilities and families have had access to government benefits, early intervention and rehabilitation services, and education. The partners have had their management and advocacy capacity built and is recognised by government and other stakeholders.

The outcomes have been achieved with a **fair degree of efficiency**, with all outputs achieved of appropriate and satisfactory quality to involved stakeholders.

The emphasis on capacity building, working with government and universities to institutionalise knowledge and systems, has contributed to **sustainability** in terms of inclusive education, parent empowerment and advocacy.

**Lessons learned**

Capacity building of and advocacy with, key stakeholders like parents, government and universities; and embedding structures and systems - like inclusive education training, rehabilitation rooms, advocacy coalition, training curricula and manuals - into government and university activities, helps to sustain the project objectives.

Establishing linkages with universities and higher education institutions like medical colleges is been an effective strategy, leading to increased skills and knowledge, development of materials and added personnel through student placement at rehabilitation centres.
The establishment of rehabilitation rooms at commune and village levels is very appropriate and relevant, as these can help support community and home based activities. Having centres alone reduces coverage of services, while only home and community-based rehabilitation can compromise quality of services. The concept of combining centre and home based rehabilitation in CBR has proved effective in many Asian countries.

Tools from other countries and cultures like the OCA tool, need to be better adapted/modified to suit the local context.

Developing plans like the Advocacy Plan with active involvement of partners makes it relevant and encourages ownership by partners; however, such plans need to be made realistic and feasible, with careful consideration of available resources.

The evaluation also confirmed that:

- Contextualizing and appropriately translating international concepts like ‘empowerment’ and the philosophy of ‘nothing about us without us’ makes activities more relevant and effective.
- Parents are the cornerstone of rehabilitation and CBR activities, and empowering and building their capacity to be self-advocates, trainers and service providers, contributes to effectiveness and sustainability.
- Most rehabilitation and CBR activities ultimately require government support and commitment to sustain, so making government a key stakeholder/partner is very important.

**Recommendations for future programming**

The evaluation has highlighted some key lessons and areas for attention, that future programming will need to take into account.

1. *Coordination and synthesis between Hear My Voice, and other disability projects of ME in Tajikistan*

This is needed to address some of the challenges related to early intervention and rehabilitation that stakeholders brought up. Specifically, there is a need to see how the CBR project can strengthen home-based and centre-based rehabilitation activities of the two parent associations in Kulob and Penjikent. For example, trained CBR workers can help to address specialist inputs needed at rehabilitation rooms/corners, assess and address needs of children with disabilities during home visits, and carry out parent training, along with parent association members.
The need for more awareness-raising activities in remote areas and for wider distribution of materials to do this effectively in these areas came up from all partners – the CBR project can play a role here.

Alongside, Mission East can explore how to coordinate with other NGOs in-country for specialised inputs, for example, on sign language and autism.

2. Development of materials to support early intervention and rehabilitation

Home-based rehabilitation, especially in remote areas, can be supported by developing pictorial training manuals to guide parents. This has been successfully tried in some south Asian countries. The 1989 WHO manual “Training in the Community for Persons with Disabilities” is still a good starting point as reference material.

3. Expansion of coverage through CBR centres

ME has supported establishment of rehabilitation rooms in polyclinics and health centres through parent associations, which is a good strategy to support CBR services. Mission East and partners need to work more closely with government in terms of advocacy and capacity building, for government personnel to take over and manage these centres in the interests of sustainability. All future expansion of CBR services needs to be managed by government.

4. Advocacy

The Advocacy Plan needs to be revisited to pare it down to what is realistic and feasible to achieve. Activities related to the third objective of advocacy alone may be more achievable to begin with, than the first two related to implementation.

There is a need to advocate for special classes in KG with trained staff for children with more complex disabilities; and for simplified procedures for accessing pensions.

5. Coherent strategy on disability

ME Tajikistan need to take an overall look at disability work; what was done in the past, how to link, coordinate the different projects - CISU, U24, CBR and any new ones that come up; develop a coherent and contextual strategy for disability informed by past learning and in line with international frameworks like UN CRPD, Sustainable Development Goals (SDG) and WHO CBR Guidelines; and ensure fit of projects into this strategy. This will help to move towards a programmatic, instead of project-based, approach.
Introduction

The Tajikistan Constitution protects the rights of persons with disabilities, describing their rights to medical services, education, social welfare services, housing and leisure facilities, as well as their equality in society. According to the Constitution, every individual, including people with disabilities, shall be treated equally and has the right to all services guaranteed by the Government.

Tajikistan remains the only Central Asian country that has not yet signed the UN Convention on the Rights of Persons with Disabilities (CRPD). However in 2015 Tajikistan was included in the UN Partnership to Promote the Rights of Persons with Disabilities Multi-Donor Trust Fund (UNPRPD MDTF), which leads to higher hopes on achieving the signature and implementation in the near future.

People with disabilities are granted specific rights under Tajik legislation. Some pieces of legislation are fully geared towards persons with disabilities, but the majority of these rights are defined in subsections and articles. Although the Government of Tajikistan set up the Coordination Council on social protection for people with disabilities in 2011, there is neither a national strategic document with a holistic and consistent approach, nor a precise action plan for the sector defining roles and responsibilities.


While the national legislation provides for the rights and freedoms of persons with disabilities, these are not always transformed into reality. Thus, many persons with disabilities do not, in practice, have access to health care, education, social services, employment or justice.  

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1 These paragraphs are adapted from WHO 2015, Situational Analysis: State of Rehabilitation in Tajikistan.
Mission East, a Danish organization, has been working in Tajikistan from 1997, focusing on improving livelihoods for vulnerable households and communities, with a particular emphasis on community mobilization and community management of the solutions to the problems they face. Current programming focuses on the strengthening of civil society structures – both local organizations as well as grassroots initiatives like women’s groups or groups of parents of children with disabilities, to ensure self-management and sustainability.

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The overall objective of this project is to empower Tajik civil society to advocate with and for people with disabilities for their right to meaningful participation in society and equal access to resources and services.

The specific objectives of this project that by the end of the project period four Tajik organizations: KACP, PACP, Nuri Umed, and Zarshedabonu will have:

Improved their organizational management capacities and strengthened their networking skills;

Advocate in coordination and collaboration with each other and with other relevant stakeholders for rights-based governance services for people with disability, and;

Increased their technical expertise and are on the way to become lead agencies with regard to rights-based inclusion of people with disability into society.

After the tenure of the project ended in March 2017, Mission East commissioned an end-of-project evaluation to assess impact and to capture lessons learned for future programming.

**Objectives of the evaluation**

1. To assess the performance of Mission East and of the project partners over the last 3 years, focusing on relevance, effectiveness, impact, efficiency, and sustainability of the project as a whole.

2. To specifically address perspectives related to impact, stakeholders, outputs, process, resources and organizational capacity as detailed in the Terms of Reference (Appendix 1).
Methodology

A consultative and participatory methodology was adopted for the evaluation, involving key stakeholders to maximize learnings and to ensure ownership of the findings and outcomes of the evaluation. Special attention was paid to eliciting information on what really worked and why, and what could have been done better. A mix of methods were used, including document review, individual interviews, focus group discussions, rating of objectives and collection of case studies.

The following steps constituted the methodology:

1. Definition of key stakeholders (more details under step number 4 - data collection)
   - ME partner organizations – Zarshedabonu and KACP in Kulob, Nuri Umed and PACP in Panjakent
   - Government education departments in Kulob and Panjakent
   - Advocacy coordination councils in Kulob and Panjakent
   - Universities in Dushanbe, Kulob and Panjakent
   - Children with disabilities/families
   - Mission East staff of CISU-005 in Tajikistan

2. Document review
   This included the initial project proposal and logical frameworks, baseline reports, annual reports, mid-term review reports, research reports and other relevant documentation as agreed between Mission East and the Consultant. Detailed list is provided in Appendix 2.

3. Development of evaluation tools
   A plan of action for collection of information for each evaluation question was developed (Appendix 3). Issues for focus group discussions with different stakeholders were listed. Criteria for case studies were developed to illustrate key findings and lessons from different activities and defined stakeholders. A template for collection of most significant change stories was designed and sent to Mission East Tajikistan prior to the filed visit. A simple rating scale on a scale of 1 – 10, with 10 indicating the highest and most positive rating) was developed to rate achievement of objectives by partner organizations.

4. Data collection
The field visit was carried out between May 19-31 2017. The key stakeholders met during the evaluation are listed below.

5. Sharing of impressions with key stakeholders

At the end of the field visit, the key findings where shared through a debriefing session with key Mission East staff in Dushanbe and in Brussels (via Skype) for validation of the findings.

6. Analysis and report

After analysing the information collected, using content analysis and interpretive analysis, a draft report was prepared and circulated for comments. Based on feedback received, the report was then finalized.

Limitations

The delay in visa processing meant that the Project Coordinator was not available to be with the Consultant during the evaluation. The process of continuous reflection and cross-checking of impressions which helps validate findings was thus affected. However, the PC was available at the beginning and at the debriefing, which helped address this to some extent.

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<table>
<thead>
<tr>
<th>KULOB</th>
<th>PENJIKENT</th>
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</thead>
<tbody>
<tr>
<td>• ME - Former Project Coordinator of CSU-005, ME</td>
<td>• Nuri Umed</td>
</tr>
<tr>
<td>• Project Officer, former director of Kulob Parent Association</td>
<td>○ Director</td>
</tr>
<tr>
<td>• Zarshedabonu</td>
<td>○ Project Officer</td>
</tr>
<tr>
<td>○ Director</td>
<td>○ Centre Manager</td>
</tr>
<tr>
<td>○ Project Officer</td>
<td>○ 11 mothers of children with disabilities, 1 father</td>
</tr>
<tr>
<td>○ Finance Officer</td>
<td>• Panjakent Association of Committee of Parents</td>
</tr>
<tr>
<td>○ 11 mothers of children with disabilities</td>
<td>○ Director</td>
</tr>
<tr>
<td>○ Manager and 3 rehabilitation staff of rehabilitation centre</td>
<td>○ Deputy Director</td>
</tr>
<tr>
<td>• Kulob Association of Committee of Parents</td>
<td>○ 2 Heads of parent groups</td>
</tr>
<tr>
<td>○ Former Director, presently Project Officer of ME</td>
<td>• Village visit</td>
</tr>
<tr>
<td>○ Current Director</td>
<td>○ 5 members of parent group – 2 mothers, 2 relatives of persons with</td>
</tr>
<tr>
<td>○ 5 members all mothers of children with disability, 2 of whom</td>
<td>disability, 1 deputy director of a school</td>
</tr>
<tr>
<td>are ME staff; and 1 who</td>
<td>○ 4 boys with disabilities – 2 with vision problems, 1 with mild</td>
</tr>
<tr>
<td>• Regional Advocacy Council (6 members)</td>
<td>developmental delay, 1 with cerebral palsy</td>
</tr>
</tbody>
</table>
is not a mother of a child with disability

- **Home visits**
  - 11 year old girl with cerebral palsy and her mother
  - 3 year old girl with developmental delay and her mother

- **Doctor and nurse** (disabled daughter of Parent Association member, who has attended training) at the Rehabilitation room at the Medical centre

- **Secretary of Child Rights Department, in charge of Regional Coordination Council**

- **Deputy of Education Department**

- **Head of Social Work Department in Kulob university, also in charge of the Resource Centre on Inclusive Education set up with ME support**

- **Director, Project Officer of Nuri Umed**
- **Director, Deputy Director of Panjakent Parent Association**
- **NGO representative**
- **Deputy of Polyclinic**

- **Education Department: Head and Deputy Head**

- **Panjakent University: Director, teacher trained in inclusive education through CISU project**

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**Dushanbe**

- **Tajik State Pedagogical University**
  - Head of Department of Special and Inclusive Education
  - Head teacher of sign language
  - Senior staff member of department
Findings

The findings are presented in 2 sections – Section 1 deals with a discussion on relevance, effectiveness, efficiency and sustainability.

Section 2 deals with answers to the evaluation questions.

Section 1

Relevance

The project goal and main actions – capacity building of partners and parents for rights-based approaches, advocacy, inclusive education, early intervention – are very relevant, appropriate and address a need in the country, especially in remote regions and rural areas. They are also in line with international frameworks like the UN CRPD, the Sustainable Development Goals (SDG) and the WHO CBR Guidelines.

Apart from UNICEF that promotes inclusive education at a macro level in the country, Mission East has been the only NGO working to promote inclusive education in these 2 provinces through the ‘Hear My Voice’ project, according to stakeholders from the Education Departments in Kulob and Panjakent.

It is of interest to note how the concepts of ‘rights-based’ and ‘empowerment’ have been contextualised in central Asian countries like Tajikistan. In the post-soviet era, many of the central Asian countries including Tajikistan continued with the approach that was familiar to them in relation to persons with disabilities – government-controlled, top-down and medically dominated, welfare-orientated and institution-based. Early practitioners of community-based rehabilitation (CBR) found it a challenge to shift from the Soviet approach to a rights-based one with the underlying philosophy of ‘nothing about us without us’, where concepts of community mobilisation and empowerment take centre-stage.

Over the last 10 years, more information is becoming available about CBR practice from some these countries. The need for CBR type of approaches came from family members living in rural areas, as their children were not being accepted in the state-run kindergartens (KG) and schools. The family became the cornerstone for CBR, as in the Hear My Voice project, where parent associations, many of whose members are not highly educated, are active in advocating for rights and entitlements for persons with disabilities, and are now being consulted by local government. They have managed to gain access to children with disabilities into kindergartens and schools, and to bring about curriculum changes in universities to include modules on disability, along with introduction of new departments like social work, physiotherapy and speech
therapy, all of which is due to the efforts of the *Hear My Voice* project of Mission East and partners.

The *Hear My Voice Project* has successfully translated CBR principles like empowerment into relevant and appropriate practice to suit the social and cultural context. Empowerment of parents has shown that the philosophy of ‘*nothing about us without us*’ is indeed flourishing in a country that functioned in a very different socio-political milieu till fairly recently.

Similarly, the concept of organization management capacity for civil society is relatively new, and ME is one of the first to introduce this to partners. A good beginning has been made on this front too.

**Effectiveness**

Report on outputs/outcomes against planned objectives and indicators according to Project Workbook are presented on the next pages.

Self-rating of achievement of project objectives by stakeholders on scale of 1-10, with 10=highest, 1=lowest scores.

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<tr>
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<tbody>
<tr>
<td>By the end of the project period the organizations of parents of CWDs in Kulyab and Penjakent, and the local NGOs Zarshedabonu and Nuri Umed:</td>
<td>6.5</td>
<td>7.5</td>
<td>7.5</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>1. Improved their organizational management capacities</td>
<td>6.5</td>
<td>7.5</td>
<td>6.5</td>
<td>7</td>
<td>6</td>
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<td>and strengthened their networking skills;</td>
<td>7.5</td>
<td>7.5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>2. Advocate in coordination with each other and with other relevant stakeholders for rights-based governance services for people with disability;</td>
<td>6.5</td>
<td>6.5</td>
<td>8</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>3. Increased their technical expertise</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>8.5</td>
</tr>
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<td>and are on the way to become lead agencies with regard to rights-based inclusion of people with disability into society.</td>
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*PC being project coordinator*
<table>
<thead>
<tr>
<th>Objectives/Outputs</th>
<th>Planned Indicators</th>
<th>ME Workbook Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower Tajik civil society to advocate with and for people with disability for their right to meaningful participation in society and equal access to resources and services.</td>
<td>Four Tajik civil society organizations have interlinked strategic plans plus the tools needed to strengthen the rights of people with disability and improve services for children with disability.</td>
<td>Project partners are empowered and identified working areas and strategic plans for joint advocacy actions for rights based participation of people with disability into society.</td>
</tr>
</tbody>
</table>
| By the end of the project period the organizations of parents of CWDs in Kulyab and Penjakent, and the local NGOs Zarshedabonu and Nuri Umed: | Within the timeline of the project the involved organizations:  
• Have improved their organization and project management capacities.  
• Are actively engaging in advocacy process on regional and national level.  
• Have realistic strategic plans for continued rights-based service delivery and advocacy for people with disabilities ready.  
• Have improved their fund-raising capabilities. | -Project partners; capacity areas have been defined and reinforced on organizational management. Partners are contributing for institutional development of their organizations and making efforts to set up system/mechanism within their respected organizations. Board members are activated and regularly conduct meetings.  
- Partners set up network of CSOs working in the disability sphere and lead the advocacy coalition. Increased capacity on identifying, planning and implementing advocacy actions. Conducting separate and joint advocacy and awareness raising.  
- Partners are consulted for any disability event by local authorities. |

1.1-1. The project partners demonstrate improved understanding and technical skills for effective, efficient and sustainable management of their organizations and implementation of their projects.  

1.2-2. The project partners have decided on the further development of their cooperation with each other and with Mission East.  

<p>| 1.1-1. The project partners demonstrate improved understanding and technical skills for effective, efficient and sustainable management of their organizations and implementation of their projects. | NU, Zarshedabonu and both organizations of parents have improved their organizational capacities scores with respect to earlier assessments. | Baseline, mid-term and end-term ODA have been conducted by international consultant and ME PC. Partner IAP are developed and implemented by partners to contribute for their development. 15 sessions on institutional development have been conducted for partners. |
| 1.2-2. The project partners have decided on the further development of their cooperation with each other and with Mission East. | • A strategic document for cooperation is developed by the four project partners and Mission East and agreed upon. | 13 meetings have been conducted Training on Partnership and Cooperation delivered, analyses of partnership are done along with partners, the content and points defined and agreed with partners, final version is prepared and submitted to ME management for final review and approval for |</p>
<table>
<thead>
<tr>
<th>2.1-3.</th>
<th>The project partners have improved capabilities and are effectively organized to advocate for rights-based governance services for PWDs, for children with disabilities in particular.</th>
<th><strong>signature.</strong></th>
</tr>
</thead>
</table>
| • An advocacy coalition is formed with a clear mission and strategy for the project period and beyond, and with clarity on expected roles and responsibilities among members.  
• The coalition has started to advocate on the rights of people – in particular children with disability. | **- Two Advocacy coalitions have been created under the project at local level. For sustainability purposes they are linked with Coordination Councils.**  
**-Partners are linked to existing national one;**  
**-TOR of the coalition with set objective and responsibilities are developed by coalition members;**  
**-Strategy and advocacy plan for 2016-2020 are developed by partners and coalition members with support of consultant.**  
**-Each partner organization has developed individual advocacy plan which fits to the coalition one.** |

<table>
<thead>
<tr>
<th>2.2-4.</th>
<th>Nuri Umed, Zarshedabonu and both organizations of parents have started actively implementing new advocacy activities.</th>
<th><strong>signature.</strong></th>
</tr>
</thead>
</table>
| • NU, Zarshedabonu and both organizations of parents have developed individual advocacy plans, which feed into the coalition’s plan and have started to put these into motion. | **Actions in Schools and public places of the cities, participation to events, appeal letter on accessibility issues and IE to local authorities, awareness raising sessions among parents on legal issues.**  
**Result: Penjikent city mayor resolution to include a DPO as consultant into building selecting commission.**  
**Kulob city mayor resolution to set up 2 Inclusive classes, discussion of IE schools' budget in front of city budget commission**  
**Partners lobbied Disability and Inclusion topic into the mainstream schools teaching program.** |

<table>
<thead>
<tr>
<th>3.1-5.</th>
<th>Each partner and the coalition have improved knowledge of the possibilities and needs of CWDs with regard to primary and higher education, and vocational training.</th>
<th><strong>signature.</strong></th>
</tr>
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<tbody>
<tr>
<td>• A strategy for support of inclusive education for CWDs – with clear objectives, time frames and division of tasks and actions, is developed and put into motion.</td>
<td><strong>Needs, possibilities and requirements on IE has been defined through conducting researches on IE. Main findings are shared and used for actions by responsible sides.</strong></td>
<td></td>
</tr>
</tbody>
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<thead>
<tr>
<th>3.2-6.</th>
<th>Nuri Umed, Zarshedabonu and both organizations of parents have started actively implementing a strategy for increasing the participation of CWDs in education.</th>
<th><strong>signature.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Agreements of cooperation with the universities and practical action plans to improve the curriculum are developed and put into motion.</td>
<td><strong>MoU with TSPU for joint actions and contribution for implementation of IE is signed. Action plans with TSPU and KSU are prepared and followed.</strong></td>
<td></td>
</tr>
<tr>
<td>3.3-7. Nuri Umed and Zarshedabonu are actively influencing the formulation of a relevant curriculum for therapist trainings within the national universities.</td>
<td>• A wide variety of specific presentations on therapy methods and inclusive education approaches is held on the regional conference.</td>
<td>ME training manual prepared under its disability and inclusion program on Rehabilitation has been presented and agreed for further inclusion into medical colleges training program as a topic in the project targeted areas. MoU between ME, partners and medical colleges of Kulob and Penjikent has been signed. Based on this agreement project partners' trained team conducted 5 days long training for medical college and Family Health Center lecturers to enable further teaching of rehabilitation to the students at medical college and nurses referred for professional development at the basis of Family Health Center.</td>
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<td>3.4-8. A regional conference has allowed for exchange of best practices in therapy and inclusive education approaches for CWDs.</td>
<td>• Further analysis of selected best practices is done and documented into a guide.</td>
<td>The conference was successfully conducted in March 2017, with over 50 participants from government and NGOs.</td>
</tr>
</tbody>
</table>
It is important to note here that these are subjective scores. The method was used to make the partners reflect on their work and put it in quantitative terms. Some partners like KACP were not able to rate themselves easily. The older partners like Zarshedabonu and Nuri Umed were more comfortable with this method, as also was the KACP whose Director is a former ME staff.

While all the partners valued the training highly, they still feel the need for more inputs, as noted by Zarshedabonu in relation to rehabilitation training.

Achievements in the areas of inclusive education, advocacy, cooperation with universities and government, parent empowerment, partner visibility/acceptance by government and community at large, some local fund-raising by partners - are seen as significant successes. Organization management and networking, rehabilitation and early intervention are cited to a lesser extent.

The partners rated their outcomes more positively, especially about becoming lead agencies, probably because of the confidence they gained with the results of their work in advocacy and the fact that they are now recognised by the government. However, they also feel that they need to achieve more in terms of advocacy and working with government, before they fully consider themselves as lead agencies.

The PC rating is probably a more objective one.

The key outcomes as observed by the consultant, and supported by the ratings, are given below.

**Key outcomes**

**Inclusive education (IE)**

- Partners, education department officials, school and KG directors and teachers are sensitised and trained on IE; a research study on IE was completed and a manual on IE is developed and in use at universities for teacher training and also in schools and KGs
- Over the last 1 year, 36 children with disabilities in Kulob have joined regular schools. In Panjakent, 19 children with disabilities are admitted in KGs and 90 attend regular schools
- 3 schools in Kulob and 2 in Panjakent have established resource classes to support IE
- Kulob and Panjakent Universities have an IE resource centre (financed by ME) to support teacher training
- Children with disabilities gained confidence to become leading and active
participants in awareness raising events in schools

- Attitudes towards children with disabilities changed in school teachers and in children without disabilities. For example, some children started taking the KACP leader’s disabled daughter to school, for free.
- The Education department has included IE awareness raising lessons (‘friendship lessons’) in the school curriculum in Kulob and Panjakent
- The Education Department is ready to ensure that all new schools to be built will be made accessible

**Advocacy “The government heard our voices!”**

- Regional Advocacy Coalition in Kulob is now part of the Government’s coordination council, which is set up with government officials from all departments and NGOs, and which meets once in 3 months. Because the Advocacy coalition is part of this Council, disability issues are now on board for discussion during the meetings
- Advocacy on IE led to results listed under IE
- 85 families of children with disabilities in Kulob got land from the Government to build houses, as a result of advocacy by the partners through the Advocacy Coalition and Coordination Council
- In Panjakent, persons with disabilities got land tax reduced by 50% as per the law
- Children with disabilities are provided with assistive devices
- Government provides space to partners free of cost for carrying out training and other activities
- Persons with disabilities referred to specialist rehabilitation centres in Dushanbe get free services
- Higher education institutes like medical colleges and technical training institutes have agreed to provide free education for students with disabilities; and to give additional credits to these students in entrance tests – a form of ‘positive discrimination’ to encourage inclusion of persons with disabilities, that is practiced in many low and middle income countries
- Media have started covering events related to disability and IE
In Panjakent, the regional Advocacy Coalition wrote to the local government to involve NGOs in construction of new schools to ensure accessibility; this was rejected. With the support of the National Coalition, and armed with the information on the country’s law on accessibility, the local coalition approached local government again, and this time the officials listened. The new school that was built subsequently has ramps, railings and an accessible toilet.

According to the final Advocacy Review by a Tajik consultant conducted in 2017, the advocacy capacity of the 4 partners was above average (almost 3 out of a total score of 5).

Parent empowerment

- Parents are confident and aware of disability issues, rehabilitation, rights and entitlements from government and the procedures to access them – “now we are not left behind”, Mother, Kulob
- Feelings of shame, loneliness and marginalization, and hiding of children with disabilities have reduced considerably in the villages where the parent associations are working – “our eyes are opened”, Mother, Panjakent
- Community attitudes have changed – the word ‘invalid’ is not used anymore
- Parents were trainers on a session on rehabilitation for medical college staff – they have a tremendous sense of pride in this achievement, as many are not highly educated

Irina is a mother of 4 children and her 3rd child, Lola, 11 years old, has cerebral palsy. Irina’s husband works in Russia and her eldest son, 22 years, is married. The family came to know about Lola’s disability when she was 6 months old, and took her to Dushanbe for rehabilitation and therapy. After returning to Kulob, Irina became a member of KACP. She has undergone training from the project and is now in a position to train other mothers. Lola has received a wheelchair, known as ‘Lola’s jeep’ in the neighbourhood, a walking frame and an exercise ball. Lola is able to communicate a little but has no skills of daily living because of spasticity. Irina ensured that Lola is treated as a ‘full member’ of the family. Lola likes going to the park and is well-liked in the neighbourhood. Irina says: “my child is disabled but I am not ashamed of her and I do not hide her”. She is very appreciative of KACP and says ‘the Association and the support I get from them give me strength – I would have died otherwise’.

Partner visibility/acceptance by government and community at large

- Advocacy council is accepted as part of the Coordination Council of government
- Government’s positive actions in response to appeal letters on various
subjects from partners (action days in schools, free education for students with disabilities in higher education institutes, reduction of land tax, accessibility in schools, to cite some examples) are an indication of their acceptance of partners as advocates for persons with disabilities

- Local governments refer children with disabilities to partners for services
- Mass media coverage made partners more ‘visible’
- Partners are now consulted by government, for example, for accessibility in new school construction. Because of capacity built through this project, Nuri Umed was invited by local government during flooding of some villages, to carry out needs assessment and to plan for water and sanitation programme in collaboration with commune authorities
- Partners get requests from parents outside their area of operations to provide services

**Rehabilitation and early intervention**

- Rehabilitation is now part of the curriculum for medical and nurses’ training
- A rehabilitation manual has been developed for this training
- Centre-based and home-based rehabilitation services continue to assist children with disabilities, many of whom have shown positive outcomes in terms of mobility, communication skills, activities of daily living skills
- Children with disabilities are being identified by parent associations as early as within 3 to 6 months, compared to earlier times

Rahila, 3 years old, is the youngest of 5 children, and has moderate intellectual disability and developmental delay. With support from a KACP member who visits her twice a week, she has attained neck control, can sit without support, and crawl. She will benefit from a simple walker to aid mobility and from speech therapy to improve communication skills.

The establishment of rehabilitation rooms at commune level (in Kulob) and at village level (in Penjikent) is very appropriate and relevant, as these can help support community and home based activities.

Having centres alone reduces coverage of services, while only home and community-based rehabilitation can compromise quality of services. The concept of combining centre and home based rehabilitation in CBR has proved effective in many south and south-east Asian countries.
The centres can be further developed into a ‘hub’ for CBR activities, including parent training, provision and repairs of assistive devices, training of village level workers and provision of more specialised rehabilitation services. A child like Rahila, described above, would benefit from specialised assessment to address her needs, which may not be easily recognised at the village level.

**Resource mobilisation by partners**

- KACP has received funding from Soros Foundation, following training on proposal writing provided as part of this project.
- In Kulob and Penjikent, local businessmen and religious leaders have helped parent associations by supporting transport costs and gifts for children with disabilities on special occasions.
- Zarshedabonu and Nuri Umed, the more established partners, have attracted funding from Ministry of Health and other international donors.

**Organization management capacity**

Table 22. Average scores on Organization Capacity Assessment (OCA) domains

<table>
<thead>
<tr>
<th>Domains</th>
<th>Zarshedabonu</th>
<th>KACP</th>
<th>Nuri Umed</th>
<th>PACP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Base line</td>
<td>Mid</td>
<td>End</td>
<td>Base line</td>
</tr>
<tr>
<td>Strategic Development</td>
<td>4.24</td>
<td>4.45</td>
<td>4.94</td>
<td>3.67</td>
</tr>
<tr>
<td>Governance</td>
<td>4.46</td>
<td>4.26</td>
<td>5.00</td>
<td>4.18</td>
</tr>
<tr>
<td>Finance management and resources</td>
<td>4.20</td>
<td>2.85</td>
<td>4.96</td>
<td>3.37</td>
</tr>
<tr>
<td>Human resources</td>
<td>4.06</td>
<td>3.95</td>
<td>4.83</td>
<td>3.68</td>
</tr>
<tr>
<td>Project cycle management</td>
<td>4.19</td>
<td>3.58</td>
<td>4.56</td>
<td>4.03</td>
</tr>
<tr>
<td>Communications and public relations</td>
<td>4.12</td>
<td>3.89</td>
<td>4.87</td>
<td>4.19</td>
</tr>
</tbody>
</table>

Zarshedabonu and Nuri Umed had a higher baseline to start with, compared to the 2 parent associations, but this was to be expected, as the 2 former are older, established NGOs. All have shown improvement in their end-term average scores compared to baselines on all domains, indicating that the coaching and mentoring provided by the Project Coordinator has been effective, as also acknowledged by all partners.

Other outcomes reported by partners:
- They became aware of the importance of organization management.
- They understood their organizational weaknesses and are working to improve themselves.
They believe they have become stronger and more independent
They have managed to raise funds with training on proposal writing

Nuri Umed: “We have 17 different projects but this CISU project was the first to focus on organization management capacity.”

The consultant noted good recall by partners of topics of training, indicating effectiveness of the capacity building effort.

**Networking between partners**

A system of partner networking through monthly meetings was established through this project and it was found to be beneficial for information and resource sharing, clarification of partner roles and responsibilities, and reduction in duplication of work/services. The partners also developed an agreement about future networking.

However, continuation of this networking activity is doubtful without financial support for meetings and other costs.

**Challenges that remain to be addressed, according to partners**

Within the existing coverage areas of 20 villages per partner, some villages are located far away, and not all persons with disabilities from these areas have been reached or have had access to rehabilitation services. There is a role for CBR and mobile teams here, to address the issue of access to services.

Likewise parents and communities from the remote areas need awareness on disability issues, laws, rights and importance of rehabilitation and advocacy. These places also require wider distribution of awareness materials.

Establishing rehabilitation rooms/corners by parent associations in villages and communes is a good move, but they need more technical expertise, trained personnel and materials for rehabilitation services. This is also largely due to the fact that there are hardly any speech therapists, special educators or physiotherapists in the provinces.

The NGO partners expressed the need for more training/skills upgradation for existing staff of their centres on issues like counselling, speech and language development, and rehabilitation of more complex disabilities.

Partners expressed the need to continue with advocacy with government on inclusive education and rehabilitation. Some expressed the need for more advocacy with government for simplified procedures to access pensions.
Efficiency

Input vis a vis outputs

The project has achieved all planned outputs; this is commendable, in view of the relatively lower inputs in terms of personnel, time and finances at ME and partner level. As recorded in the mid-term review, the breadth and scope of the project in terms of 2 separate geographical provinces with sometimes challenging terrain and weather has been a bit ambitious to achieve in a span of 3 years, with constraints in budgets and staffing. This is acknowledged by the partners as well.

Although all outputs are achieved, it was with tremendous effort on the part of the PC who managed and coordinated the activities single-handed.

Analysis, reflection, coordination

The fulfilling of outputs and activities did not seem to have left much time for periodic analysis and reflection of the project as a whole. For example, it is not clear how this project was/is coordinated/linked to other disability projects implemented by ME that operate in the same areas.

However, this is an impression of the evaluator, that could not be discussed and validated due to the PC’s lack of availability during the evaluation process, hence no conclusion can be drawn on this.

Contextualising of tools

Some early activities like organization capacity assessment were not well-contextualised for the local situation to begin with and partners found the first assessment difficult. The second and third assessments that were conducted by the PC seem to have gone better, as the contextual factors were better addressed.

Feasibility of Advocacy Plan

The Advocacy Strategy plan (2016-2020), developed by the partners and facilitated by an external consultant, is now seen by them as “Too big” to achieve without external support. They had assumed that ME would support the plan financially till 2020.

The main objectives of the Advocacy Plan are stated thus:

1. Facilitate increase of efficiency of APCwDs to improve knowledge and community mobilization, especially capacitate parents of disabled children in stepwise intervention of Inclusive Education: through Early Intervention and launch of Inclusive Learning
2. Make an appropriate environment for establishment and developing steps of Inclusive Education and periods of its implementation.

3. Develop and enhance partnership with government structures (via lobbying) for rights of CwDs for education, social protection and healthcare, use of wide range of opportunities and benefits.

The first 2 objectives appear to be very broad, encompass many things and tend to focus on implementation, while the last one is about advocacy. A glance at the plan shows a list of activities that include training, round tables, visits, surveys, material development, conducting of awareness campaigns, all of which require financial support.

While it can be argued that from a ‘strategic need’ point of view, the achieving the first 2 objectives are preconditions to make partners function more effectively, at this stage it may not be feasible for partners to raise all the resources required on their own to conduct all the envisaged activities. If full financial support is not going to be available, the Advocacy Plan needs to be revisited to pare it down to what is realistic and feasible to achieve. Activities related to the third objective of advocacy alone may be more achievable than the first two related to implementation.

**Monitoring systems**

The project has very good monitoring and documentation systems to monitor outputs and outcomes. It is suggested that recently published manuals and menus on indicators for rehabilitation and CBR activities, can be used as reference material for further defining outcome indicators.

Some useful references:


Sustainability

It is clear that the capacity built, knowledge gained, confidence improved – in partners and parents - will sustain.

Activities related to inclusive education are well internalised by education department and universities, and supported by laws, therefore it will sustain.

For advocacy, there is a plan and a structure now- the advocacy council in Kulob is part of the government coordination council – but it remains to be seen how well it will function in the absence of external financial support. In Panjakent, the advocacy council members are unsure if they are part of the coordination council or not. The Advocacy Plan will need to be made more realistic too.

Locating the rehabilitation rooms/corners run by parent associations in health centres and polyclinics is a good strategy for sustainability, but they may need additional resources in terms of specialist personnel and equipment. At present mobile outreach teams supported by ME provide these inputs, but in the long term, government will have to take over the centres as they have done with the centres of Zarshedabonu and Nuri Umed.

Although partners have an agreement on networking and have done some activities together in the last 2 months in terms of advocacy, there are doubts about continuing without financial support for meetings, transport costs etc.
Section 2

The answers to the questions are based on the observations and impressions recorded in Section 1.

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact</strong></td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td>1. What change has taken place during the project within the partnering organization?</td>
<td>1. Increased organizational capacity in terms of management, technical skills and advocacy, fund-raising, visibility/acceptance by government, due to training received</td>
</tr>
<tr>
<td>2. Which changes are attributable to the project?</td>
<td>2. All of the above</td>
</tr>
<tr>
<td>3. Are the changes in line with the goal of the project?</td>
<td>3. Yes</td>
</tr>
<tr>
<td>4. Were there any unintended changes, positive or negative, because of the project?</td>
<td>4. Positive: Expansion of some rehabilitation services, information and advice informally by parent associations to persons with disabilities in villages outside project area, because of requests</td>
</tr>
<tr>
<td><strong>Stakeholders</strong></td>
<td></td>
</tr>
<tr>
<td>1. What do the beneficiaries think of the project? Its relevance, appropriateness and outcomes?</td>
<td>1. Seen as highly relevant, appropriate and effective</td>
</tr>
<tr>
<td>2. Are the outcomes sustainable?</td>
<td>2. Many are: capacity, confidence of partners, some systems established in government (coordination council), education departments and universities to carry forward work</td>
</tr>
<tr>
<td>3. Have beneficiaries adopted new or changed any behaviour as a result of the project?</td>
<td>3. Yes – related to management, advocacy, inclusive education, rehabilitation, advising parents from outside project area, staff meetings and debates, board participation, staff code of ethics, staff training and information sharing by those trained by project</td>
</tr>
<tr>
<td>4. What do other secondary stakeholders think of the project?</td>
<td>4. Parents are confident, aware, able to communicate and advocate, less isolated and discriminated; Children with disabilities have access to rehabilitation, and are included in kindergartens and schools</td>
</tr>
<tr>
<td>5. Were the relevant beneficiaries reached? Was the targeting appropriate?</td>
<td>5. Yes</td>
</tr>
<tr>
<td>6. How do beneficiaries and other stakeholders describe the quality of relationships with project staff?</td>
<td>6. Very positive, highly appreciative of support received from project coordinator</td>
</tr>
</tbody>
</table>
### Outputs

1. To what extent were the planned outputs achieved, from the perspective of the different stakeholders?

2. Were outputs / deliverables of an appropriate technical quality, according to the different stakeholders?

---

1. All achieved, as per workbooks and reports

2. Yes; however, advocacy plan 2016-20 is seen as ambitious in hindsight, as partners thought ME would support it till 2020.

### Process

1. Were the initial organizational assessments of a good quality and based on strong beneficiary participation?

2. To which extent did the follow-up activities meet the identified weaknesses in the organizations’ capacities?

3. Were appropriate systems of downwards accountability (participation, information sharing and feedback), put in place and used by project participants? Did the feedback received shape project design and implementation?

4. Was new learning being captured and acted upon during the project implementation? If yes, how and what? If no, why not?

5. Were there any identifiable innovations developed that could be repeated in the future?

6. How has the project been coordinated with the other activities and priorities of the beneficiaries?

---

1. The 1st one was seen by partners as difficult, some items were not relevant to local context; the subsequent ones were perceived as better, made more context-appropriate. Overall however, the whole assessment was felt to be useful

2. To a great extent, partners followed their individual plans, with coaching and mentoring from Project Coordinator. A beginning has been made and it is still a process that cannot be said to have been fully completed within 3 years

3. To some extent – staff meetings and debates, board participation, staff code of ethics, staff training and information sharing by those trained by project

4. Yes, in terms of advocacy, early intervention, inclusive education

5. Inclusion of advocacy council into coordination council; partners, especially parents, as trainers in medical college

6. A little difficult in the beginning for older NGOs who had other projects, but with the project officers in place, it became better.

### Resources
1. Was the budget and available financial resources realistic for the achievement of the intended objectives?
2. Was enough time allowed for the achievement of the intended objectives?
3. Were there enough staff, of appropriate competency, for the achievement of the intended objectives?
4. Was there appropriate management support?
5. Were logistics pipelines working well?
6. And, were good communication protocols in place?

- Overall, financial resources, project staffing and time (3 years) are perceived as inadequate for the scope of a project like this, spread over 2 different regions and involving a variety of outputs.
- Yes, from national and international offices, but as Kulob office was closed till recently, the PC worked alone.
- Yes
- Yes

### Organizational Capacity

1. Was the project design and implementation informed by learning from previous experience?
2. Was there an appropriate system of management and communication in place to support project staff?
3. Were appropriate financial systems in place e.g. did project management have adequate financial information to make good decisions?
4. Was there an appropriate logistics system in place e.g. did the payment process work in a timely manner?

1. Yes; however, although partners were involved in project design, in hindsight, it is felt that it was too ambitious to achieve within a 3 year time frame.
2. Yes, for both PC and partners.
3. Yes, partners were aware of budgets too.
4. Yes
Conclusion

The evaluation findings show that the goal and key action areas - capacity building of partners and parents for rights-based approaches, advocacy, inclusive education, early intervention - of the Hear My Voice project of Mission East Tajikistan are very relevant, appropriate and address a need in the country, especially in remote regions and rural areas. They are also in line with international frameworks like the UN CRPD, the Sustainable Development Goals (SDG) and the WHO CBR Guidelines.

In terms of effectiveness, the project has shown some impressive outcomes in the areas of inclusive education, advocacy, cooperation with universities and government, parent empowerment, partner visibility/acceptance by government and community at large, organization management, rehabilitation and early intervention and some local fund-raising by partners.

The outcomes have been achieved with a fair degree of efficiency, with all outputs achieved.

The emphasis on capacity building, working with government and universities to institutionalise knowledge and systems, has contributed to sustainability in terms of inclusive education, parent empowerment and advocacy.

Lessons learned

Capacity building of and advocacy with, key stakeholders like parents, government and universities; and embedding structures and systems - like inclusive education training, rehabilitation rooms, advocacy coalition, training curricula and manuals - into government and university activities, helps to sustain the project objectives.

Establishing linkages with universities and higher education institutions like medical colleges is been an effective strategy, leading to increased skills and knowledge, development of materials and added personnel through student placement at rehabilitation centres.

The establishment of rehabilitation rooms at community and village levels is very appropriate and relevant, as these can help support community and home based activities. Having centres alone reduces coverage of services, while only home and community-based rehabilitation can compromise quality of services. The concept of combining centre and home based rehabilitation in CBR has proved effective in many Asian countries.

Tools from other countries and cultures like the OCA tool need to be better adapted/modified to suit the local context.
Developing plans like the Advocacy Plan with active involvement of partners makes it relevant and encourages ownership by partners; however, such plans need to be made realistic and feasible, with careful consideration of available resources.

The evaluation also confirmed that:

- Contextualizing and appropriately translating international concepts like ‘empowerment’ and the philosophy of ‘nothing about us without us’ makes activities more relevant and effective.
- Parents are the cornerstone of rehabilitation and CBR activities, and empowering and building their capacity to be self-advocates, trainers and service providers, contributes to effectiveness and sustainability.
- Most rehabilitation and CBR activities ultimately require government support and commitment to sustain, so making government a key stakeholder/partner is very important.

**Recommendations for future programming**

The evaluation has highlighted some key lessons and areas for attention, that future programming will need to take into account.

**Coordination and synthesis between Hear My Voice, and other disability projects of ME in Tajikistan**

This is needed to address some of the challenges related to early intervention and rehabilitation that stakeholders brought up. Specifically, there is a need to see how the CBR project can strengthen home-based and centre-based rehabilitation activities of the 2 parent associations in Kulob and Panjakent. For example, trained CBR workers can help to address specialist inputs needed at rehabilitation rooms/corners, assess and address needs of children with disabilities during home visits, and carry out parent training, along with parent association members.

The need for more awareness-raising activities in remote areas and for wider distribution of materials to do this effectively in these areas came up from all partners – the CBR project can play a role here.

Alongside, ME can explore how to coordinate with other NGOs in-country for specialised inputs, for example, on sign language and autism.

**Development of materials to support early intervention and rehabilitation**
Home-based rehabilitation, especially in remote areas, can be supported by developing pictorial training manuals to guide parents. This has been successfully tried in some south Asian countries. The 1989 WHO manual “Training in the Community for Persons with Disabilities” is still a good starting point as reference material.

**Expansion of coverage through CBR centres**

ME has supported establishment of rehabilitation rooms in polyclinics and health centres through parent associations, which is a good strategy to support CBR services. ME and partners need to work more closely with government in terms of advocacy and capacity building, for government personnel to take over and manage these centres in the interests of sustainability. All future expansion of CBR services needs to be managed by government.

**Advocacy**

The Advocacy Plan needs to be revisited to pare it down to what is realistic and feasible to achieve. Activities related to the third objective of advocacy alone may be more achievable to begin with, than the first two related to implementation.

There is a need to advocate for special classes in KG with trained staff for children with more complex disabilities; and for simplified procedures for accessing pensions.

**Coherent strategy on disability**

ME Tajikistan need to take an overall look at disability work; what was done in the past, how to link, coordinate the different projects - CISU, EUA024, CBR and any new ones that come up; develop a coherent and contextual strategy for disability informed by past learning and in line with international frameworks like UN CRPD, Sustainable Development Goals (SDG) and WHO CBR Guidelines; and ensure fit of projects into this strategy. This will help to move towards a *programmatic*, instead of project-based, approach.
Acknowledgement

The consultant acknowledges with appreciation the active participation of all stakeholders – the Project Coordinator, partner organizations and education departments in Kulob and Penjikent, universities in Dushanbe, Kulob and Penjikent, parents and children with disabilities in Kulob and Penjikent – during the evaluation process.

Special thanks to the two translators from Mission East who supported the consultant in Dushanbe, Kulob and Penjikent.

Thanks are due to Mission East Brussels and Mission East Tajikistan for the excellent logistics and other support throughout the evaluation process.
Appendix 1 – Terms of Reference

<table>
<thead>
<tr>
<th>Initials</th>
<th>Office</th>
<th>Project Ref.</th>
<th>Date / Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTA</td>
<td>BXL</td>
<td>TAJ-CISU-005</td>
<td>March 2017</td>
</tr>
</tbody>
</table>

TERMS OF REFERENCE

for the

End Term Evaluation

of project

**Hear My Voice**

Empowering Tajik Civil Society for Disability Rights Advocacy

1. Summary

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Hear My Voice – Empowering Tajik Civil Society for Disability Rights Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>Duration</td>
<td>February 1, 2014 – March 31, 2017</td>
</tr>
<tr>
<td>Objectives</td>
<td>The <em>overall objective</em> of this project is to empower Tajik civil society to advocate with and for people with disability for their right to meaningful participation in society and equal access to resources and services. The <em>specific objectives</em> of this project that by the end of the project period four Tajik organizations: KACP, PACP, Nuri Umed, and Zarshedabonu will have: 1. Improved their organizational management capacities and strengthened their networking skills; 2. Advocate in coordination and collaboration with each other and with other relevant stakeholders for rights-based governance services for people with disability, and; 3. Increased their technical expertise and are on the way to become lead agencies with regard to rights-based inclusion of people with disability into society.</td>
</tr>
<tr>
<td>Consultancy Purpose</td>
<td>The focus of the consultancy will be on <em>performance</em> – of Mission East and of</td>
</tr>
</tbody>
</table>
the project partners, and on the impact of the project undertaken.

**Objective(s)**
This Terms of Reference provides a framework for the evaluator to collect in information in order to help Mission East and partners to value the process of implementation of this project. The evaluation should bring a good understanding of the interplay of contextual factors, relationships and resources regarding this project. A better understanding of this will lead to – continued and/or improved – good performance by Mission East and partners in the future.

The intention of the evaluation is also to provide accountability, by verifying the use of the project funds in terms of outputs and objectives met.

**Output(s)**
A report answering the in this Terms of Reference listed questions on performance and impact, from the impact, stakeholders, output, process, resource, and organisation capacity perspective.

Additional outputs are:

- A. Detailed action plan for the evaluation prior to departure
- B. In-country kick-start meeting
- C. In-country debriefing meeting for validation of findings
- D. Report presenting the findings, conclusions and recommendations as per this Terms of Reference

**Scope of Work**

| Duration | 13 working days, soonest - preferably end of March, early April 2017 |

2. **Background**

**Project information**
This consultancy is required for a project entitled *Hear My Voice – Empowering Tajik Civil Society for Disability Rights Advocacy*. The project is financially supported by the Danish Found Civil Society in Development (CISU), and implemented by the Danish NGO Mission East, together with our Tajik partners: Zarshedabonu, Nuri Umed and the Associations of Committees of Parents, of children with disabilities in Khatlon province and in Sughd province.

The aimed-for objectives and outputs for this project are presented in table 1 as are the planned activities. A description of the four involved Tajik organizations and their interrelationships, and their collaboration with Mission East is presented below too. In figure 1 a map presents the locations of work in the country. The consultant is expected to travel to the different project locations.

**Table 1. Logical framework of the project (here without indicators and means of verification)**

| Regarding objectives | Expected outputs | Activities numbering aligned to objectives |
**In pursuit of objective 1:**
Improved organizational management capacities and strengthened their networking skills for KACP and PACP, NU and Zarshedabonu.

1. The project partners demonstrate improved understanding and technical skills for effective, efficient and sustainable management of their organizations and implementation of their projects.
   - 1.1 Assess the organizational capacities of involved CSOs.
   - 1.2 Organize exchange with disability focused civil society in Armenia.
   - 1.3 Develop individual action plans for improvement per organization and coach and mentor intensively the organizations in their development.
   - 1.4 Organize support-training for organization’s staff on the concept of coaching and mentoring.

2. The project partners have decided on the further development of their cooperation with each other and with ME.
   - 1.5 Organize workshops which will lead to a strategic document for cooperation between the partners themselves and Mission East.

**In pursuit of objective 2:**
KACP, PACP, NU and Zarshedabonu advocate in coordination with each other and with other relevant stakeholders for rights-based governance services for people with disability.

3. The project partners have improved capabilities and are effectively organized to advocate for rights-based governance services for PWDs, for children with disabilities in particular.
   - 2.1 Analyse the possibilities for advocacy on the rights of PWDs in the country.
   - 2.2 Support the existing coalition to get policies and processes in place and to develop & implement a multi-annual advocacy plan for ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and the implementation of its goals and articles.

4. The project partners have started actively implementing new advocacy activities.
   - 2.3 Assess the capabilities of individual members with respect to the coalition’s aims and its functioning.
   - 2.4 Organize long-term, tailor-made coaching on advocacy practice for involved members.

**In pursuit of objective 3:**
All four Tajik project partners have increased their technical expertise and are on the way to become lead agencies with regard to rights-based inclusion of people with disability into society.

5. Each individual partner and the coalition have improved knowledge of the possibilities and needs of CWDs with regard to primary and higher education, and vocational training.
   - 3.1 Conduct a research on inclusive education possibilities and needs: assessing earlier pilots on inclusive education and use of databases with disability related information.

6. The project partners have started actively implementing a strategy for increasing the participation of CWDs in education.
   - 3.2 Work together with the national pedagogical training institute to train and prepare regional educational staff for inclusive education.
   - 3.3 Organize devices for CWDs in the region to enable them to participate in the education system.

7. Nuri Umed and Zarshedabonu are actively influencing the formulation of a relevant curriculum for therapist trainings within the national universities.
   - 3.4 Expand contribution to national universities’ training programmes for occupational and physical therapists – based on the current pilot with Kulyab State University.

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2 Baseline for these assessments have been earlier OCA trajectories done, for Zarshedabonu and the Kulyab Association of Parents with financial support of CISU, project 11-957-PA-apr (TAJ-PATC-003) and for Nuri Umed with financial support of the Norwegian Ministry of Foreign Affairs. The Penjakent Committee of Parents was not involved in organizational assessment yet, before this project.

3 Small-scale pilots on activities to promote inclusive education have been done in Penjakent, by Nuri Umed and Mission East, with financial support of the Norwegian Ministry of Foreign Affairs. Other earlier conducted activities aiming to support inclusive education might be part of the research, depending on what type of activities are known by the other coalition members.
8. A regional conference has allowed for exchange of best practices in therapy and inclusive education approaches for CWDs.

3.5 Organize a conference on disability themes, inviting NGOs and CSOs from various Central Asian countries to create a platform for regional inter-state exchange on inclusion rights and practice.

KACP – Kulyab Association of Committees of Parents

This grass-root, mainly voluntary-based initiative consists of 60 individual parent support groups which have joined hands in addressing the government for advocating for the rights of their children. Already since their establishment in 2010 they have been organizing trainings for parents, to get to know the government procedures for registration for their children. They have also organized a series of activities to promote acceptance and inclusion of children with disability into society.

The KACP is an associate member of the National Association of parents of children with disability, a Dushanbe-based organization which aims to represent the rights of children with disabilities on national policy-making level. The connection with this network has been set-up by the KACP, with the desire to influence policy-making on national level, with regard to the rights of the children they represent. In practice the lobbying influence of the national association is very limited. The capacity of the national association to train its members in theory and techniques of effective advocacy is also limited. It is the ambition of the KACP to, through the envisaged intervention, train their own advocacy abilities and from a stronger regional base aim to approach national government decision-makers, in particular when it comes to implementation on the concept of inclusive education.

PACP – Penjakent Association of Committees of Parents

This initiative is, in content and structure, quite similar to the KACP. At this moment the PACP consists of representatives of 20 groups of parents of children with disabilities. The association is young and inexperienced, starting in 2012 and having been formally established only in 2013. Since then they have organized a well-planned series of trainings for their members. Parents now know how to address government for official registration of their children and for legitimate government support.

Their positive results so far are partly the result of being acknowledged by local government, who has also provided them with space to meet in local health centers. The other factor in their successful achievements to date has been their cooperation with Nuri Umed (see below).

Zarshedabonu

This Tajik NGO has the longest track record of experience among the four project partners for the planned intervention. The choice for Zarshedabonu as partner has been the result of an organically grown cooperation with Mission East. The initial cooperation was based the initiative and dedication they demonstrated as a grassroots organization, to improve the situation of marginalized groups of people in Khatlon province.

The organization, established by a group of women in 2001, is by now a country-wide respected local NGO, active in particular for the rights of children with disabilities. They run a day care center for CWDs, which currently offers place to about 30 children who need complete support and care. In the center, the children are diagnosed professionally, specialists provide individualized therapy and parents are supported in their role as care-givers. At this moment the center has become financially sustainable as they receive government funds through the Ministry of Labour and Social Protection. In addition to managing the center, the organization provides training throughout the country, for other organizations where people aim to improve the situation of children with disabilities.

Because of their capacity Mission East has selected them to be the implementing partners for Mission East and partners’ disability programming in the south of the country. The organization is currently setting up three more day care centers for children with disability in Khatlon province.
Mission East has since then introduced Zarshedabonu to Nuri Umed, and the Kulyab Association of Committees of Parents to the parent groups in Penjakent. As a result of this cooperation and the resulting exchange of information, Nuri Umed was able to quickly improve their knowledge of the disability sector and the parent groups of Penjakent could quickly form itself into a government recognized formal structure, the PACP.

**Nuri Umed**

This Tajik NGO is since 2011 Mission East’s implementing partner in the north-west of the country, where they have reached out to more than 8,000 people on the topics of equal rights for girls, women and people with disabilities – with special attention to children with disabilities. The choice for Nuri Umed as a partner was the result of a civil society assessment mission, undertaken by Mission East in 2010. The selection was based on their good standing in rural communities in Penjakent and their commitment to develop themselves as a professional non-profit service provider.

From 2011 onwards they have successfully and effectively organized series of trainings for government officials on the same topics and offer legal support in cases of violation of rights. The organization – in close cooperation with Mission East, has set up a therapy center in Penjakent, which is currently serving about 200 children with disabilities. The center is currently managed by Nuri Umed, with help of Mission East.

Due to appreciation for the activities of Nuri Umed by the government, the Ministry of Health has provided the basic infrastructure for the center. Government also provides support in the form of staff salaries. Nuri Umed and Mission East are working towards realizing full coverage of the running costs of the center by the government within the coming years.

In cooperation with the Ministry of Education, Nuri Umed and Mission East have also ran a pilot project in four schools, aiming to improve the access to education for children with disability. It is the ambition of Nuri Umed to expand their activities towards other districts within Sughd province.

**Figure 1. Map project**
3. Objectives of consultancy

The focus of the consultancy will be on performance – of Mission East and of the project partners, and on the impact of the project undertaken.

This Terms of Reference provides a framework for the evaluator to collect in information in order to help Mission East and partners to value the process of implementation of this project. The evaluation should bring a good understanding of the interplay of contextual factors, relationships and resources regarding this project. A better understanding of this will lead to – continued and/ or improved – good performance by Mission East and partners in the future.

The intention of the evaluation is also to provide accountability, by verifying the use of the project funds in terms of outputs and objectives met.

4. Evaluation process

The consultant will start with investigating what change took place. The questions at this stage should be open, allowing the respondents to bring in anything they consider relevant. Most significant change approaches might be helpful here. Only secondly, the evaluator is to look at attribution and conclude on what contribution the project has had on those changes.

The next step will be for the consultant to bring out the viewpoints of those involved, the intended beneficiaries but also the project staff involved, and other stakeholders. The focus will be on what change in organizational behaviour has been there, and where these changes are sustainable.

A next set of questions will ask then what was actually produced throughout the project duration, and whether these activities have been of an appropriate quality. Here the element of accountability comes in: have the intended activities been completed? Have the outputs of the project been satisfying for the involved parties?

This will be followed by questions looking at the process and resources leading to the outputs of the project. Was there a realistic amount of knowledge, information, assets, time, budget, and people to get the job done? Where the right people hired? Also, was previous learning applied pre- and during the project? Was there appropriate management support? Were logistics pipelines working well? Were good communication protocols in place?

In drawing the evaluation to a conclusion, the consultant will translate the information coming from the above mentioned questions then into recommendations and lessons for the future.

4. Outputs

The evaluation report should explicitly answer the following questions:

IMPACT PERSPECTIVES

1. What change has taken place during the project within the partnering organizations?
2. Which changes are attributable to the project?
3. Are the changes in line with the goal of the project?
4. Were there any unintended changes, positive or negative, because of the project?

STAKEHOLDER PERSPECTIVES
Outcomes of the project in terms of attitudes and behaviour of beneficiaries and project partners:

7. What do the beneficiaries think of the project? Its relevance, appropriateness and outcomes?
8. Are the outcomes sustainable?
9. Have beneficiaries adopted new or changed any behaviour as a result of the project?
10. What do other secondary stakeholders think of the project?
11. Were the relevant beneficiaries reached? Was the targeting appropriate?
12. How do beneficiaries and other stakeholders describe the quality of relationships with project staff?

OUTPUT PERSPECTIVES

3. To what extent were the planned outputs achieved, from the perspective of the different stakeholders?
4. Were outputs / deliverables of an appropriate technical quality, according to the different stakeholders?

PROCESS PERSPECTIVES

7. Were the initial organizational assessments of a good quality and based on strong beneficiary participation?
8. To which extent did the follow-up activities meet the identified weaknesses in the organizations’ capacities?
9. Were appropriate systems of downwards accountability (participation, information sharing and feedback), put in place and used by project participants? Did the feedback received shape project design and implementation?
10. Was new learning being captured and acted upon during the project implementation? If yes, how and what? If no, why not?
11. Were there any identifiable innovations developed that could be repeated in the future?
12. How has the project been coordinated with the other activities and priorities of the beneficiaries?

RESOURCE PERSPECTIVES

7. Was the budget and available financial resources realistic for the achievement of the intended objectives?
8. Was enough time allowed for the achievement of the intended objectives?
9. Were there enough staff, of appropriate competency, for the achievement of the intended objectives?
10. Was there appropriate management support?
11. Were logistics pipelines working well?
12. And, were good communication protocols in place?

ORGANISATIONAL CAPACITY PERSPECTIVES

5. Was the project design and implementation informed by learning from previous experience?
6. Was there an appropriate system of management and communication in place to support project staff?
7. Were appropriate financial systems in place e.g. did project management have adequate financial information to make good decisions?
8. Was there an appropriate logistics system in place e.g. did the payment process work in a timely manner?

CONCLUSIONS

1. Was the project efficient? – comparison of inputs to outputs
2. Was the project effective? – comparison of outputs to impacts
3. What were the key lessons learned? What should be repeated in similar projects in the future? What should not be repeated in similar projects in the future?

The consultant will also:

A. Provide a detailed action plan for the evaluation at the latest five working days prior to the field visit. This is to be shared with the Brussels’ HQ Programme Manager for Tajikistan. The plan will be discussed by Skype and adjusted if necessary.
B. Organize upon arrival in-country a meeting with relevant staff and stakeholders, to kick-start the evaluation, making sure that all involved are on the same page in terms of understanding the objectives of and planned outputs for this evaluation.
C. Held a debriefing meeting with relevant staff and stakeholders, prior to departure from country. This meeting allows sharing of the findings and conclusions, and opens the floor for validation of these.
D. This report will include the findings as per the listed questions, will include conclusions and separately, also give recommendations and lessons learned for the future based on the evaluation results.

5. Scope of Work

Duration
13 billable days

Timeline
The consultancy should preferably take place end of April 2017.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review project documents, development of the methodological approach and data collection tools and evaluation plan, introduction Skype with Mission East Brussels</td>
<td>1</td>
</tr>
<tr>
<td>Introduction meeting upon arrival with Mission East Tajikistan’s office in Dushanbe and relevant government officials, and organization of in-country travel documents</td>
<td>1</td>
</tr>
<tr>
<td>Field visit to visit Tajik partners and beneficiaries</td>
<td>6</td>
</tr>
<tr>
<td>Debriefing with Mission East’s staff in-country and via Skype with Mission East’s HQ Country Programme Manager for validation of draft findings, conclusions and recommendations</td>
<td>1</td>
</tr>
<tr>
<td>Report writing – can take place out-of-country</td>
<td>2</td>
</tr>
</tbody>
</table>
6. Method of Work

The consultant should be willing to:
1. Offer a first version of his/her plan of action for the evaluation as part of the application process
2. Share a detailed version of the plan for action after signature of the contract, and before the actual field visit – leaving enough time for adjustments, where needed
3. Upon arrival actively involve relevant Mission East staff in the execution of the evaluation
4. Consult every second day the HQ Programme Manager – in absence of a Country Director – on actual progress in doing the evaluation against planning
5. Have findings and conclusions ready and share them in Power Point, at an in-country debriefing meeting at the end of the field visit

The evaluation should be based on:

- Documentation review – project plan, baseline/end line project KAP reports, interim progress and final project reports, work books, mid-term evaluation and other consultancy reports, etc.
- A fair amount of interviews with a representative sample of partners, beneficiaries and stakeholders.

Regarding the report:

- At maximum 10 working days following the field visit, the consultant will send his/her report to Brussels’ HQ Programme Manager for Tajikistan, presenting the findings and conclusions as per the in section 3 and above listed questions and areas for evaluation.
- Mission East will respond to the report within maximum 15 working days and any concerns/comment raised will be incorporated by the consultant into the further development of the report.
- Upon the receipt of this edition of the deliverables, Mission East will have another 15 working days to comment and make any claims in terms of unfinished work, before the consultancy can be considered complete.

7. Further project information

Project documentation, i.e. the project plan, interim report and midterm evaluation report and partner Memoranda of Understanding, will be made available to the consultant in English.

8. Person Specification & Decision Criteria

The ideal candidate for this consultancy will have

- Master’s degree in International Development or in a related and relevant study
- Proven experience in successful completion of project & programme evaluation
• Proven experience in participatory evaluation methods
• Excellent English language ability (written and oral)
• General computer skills, including understanding of the basic MS Office suite
• Sympathy with Mission East organizational values

Knowledge of Tajikistan or the CIS region and of Russian and/or Tajik is an advantage.

The final decision for this consultancy will be based on:

i. fit with selection criteria
ii. value for money: the evaluator should be willing to share the results of earlier work done related to this consultancy
iii. assessment of feedback from two references provided by the applicant.

9. Logistics

• The consultant should be willing to travel extensively to the field, to the project locations in Penjakent.
• The consultant should be able and willing to travel and live under simple circumstances throughout the consultancy period.
• Mission East will provide transport and lodging during the field visit, and will provide translation services upon need.

10. Application

Interested individuals should send:

A. A technical proposal, with a cover letter, outlining the proposed approach, timeframe and budget, with justified daily rate;
B. Individual resume;
C. Reference of previous relevant work, and;
D. Examples of earlier evaluation studies done.

11. Notes

Ineligibility criteria

Tenderers falling into any of the following cases are excluded from participation in the procurement procedure:

A. They are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
B. They have been convicted of an offence concerning their professional conduct by a judgement that has the force of res judicata;
C. They have been guilty of grave professional misconduct proven by any means that the contracting authority can justify;
D. They have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the contracting authority or those of the country where the contract is to be performed;
E. They have been the subject of a judgement that has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;
F. Following another procurement procedure or grant award procedure financed by the European Community budget, they have been declared to be in serious breach of contract for failure to comply with their contractual obligations.
G. They are engaged in the exploitation of child labour
H. They do not respect their employees’ basic social rights and working conditions.

Candidates or tenderers must provide a written statement with their tender documents that they are not in one of the situations listed above.

Grounds for Exclusion

Contracts shall not be awarded to candidates or tenderers who, during the procurement procedure:

A. Are subject to a conflict of interest;
B. Are guilty of misrepresentation in supplying the information required by the humanitarian organisation as a condition of participation in the contract procedure or fail to supply this information.
C. Have engaged in corrupt, fraudulent, collusive or coercive practices.
Appendix 2 – List of documents reviewed

1. Initial ME project proposal and logical framework
2. Mid-term Review Report
3. ME Workbook Report of February 2017
4. Final Advocacy Review Report
5. Advocacy Strategy Plan
6. Inclusive Education Research Report
7. Knowledge, Attitude and Practice Survey on Inclusive Education
8. Organisation Capacity Assessment Reports of the 4 partners
Appendix 3 – Action plan for collection of information on evaluation questions

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Stakeholders to be met</th>
<th>Data collection tool</th>
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<tbody>
<tr>
<td><strong>Impact</strong></td>
<td></td>
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<tr>
<td>5. What change has taken place during the project within the partnering organization?</td>
<td>Partner organizations, Government</td>
<td>• Document review</td>
</tr>
<tr>
<td>6. Which changes are attributable to the project?</td>
<td>Children with disabilities/families, Regional Advocacy Councils</td>
<td>• Focus Group discussions (FGD)</td>
</tr>
<tr>
<td>7. Are the changes in line with the goal of the project?</td>
<td>ME team</td>
<td>• Most Significant Change (MSC) stories</td>
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<tr>
<td>8. Were there any unintended changes, positive or negative, because of the project?</td>
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<td>• Rating of outputs and outcomes</td>
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<td></td>
<td></td>
<td>• Case studies</td>
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<tr>
<td><strong>Stakeholders</strong></td>
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<tr>
<td>13. What do the beneficiaries think of the project? Its relevance, appropriateness and outcomes?</td>
<td>Children with disabilities/families, Partner organizations, Regional Advocacy Councils</td>
<td>• Document review</td>
</tr>
<tr>
<td>14. Are the outcomes sustainable?</td>
<td>ME team</td>
<td>• FGD</td>
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<tr>
<td>15. Have beneficiaries adopted new or changed any behaviour as a result of the project?</td>
<td></td>
<td>• Interviews</td>
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<tr>
<td>16. What do other secondary stakeholders think of the project?</td>
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<td>• MSC</td>
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<tr>
<td>17. Were the relevant beneficiaries reached? Was the targeting appropriate?</td>
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<td>• Case studies</td>
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<tr>
<td>18. How do beneficiaries and other stakeholders describe the quality of relationships with project staff?</td>
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<tr>
<td><strong>Outputs</strong></td>
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<tr>
<td>5. To what extent were the planned outputs achieved, from the perspective of the different stakeholders?</td>
<td>ME team, Partner organizations, Regional Advocacy Councils</td>
<td>• Document review</td>
</tr>
<tr>
<td>6. Were outputs / deliverables of an appropriate technical quality, according to the different stakeholders?</td>
<td>Children with disabilities/families, Government, University</td>
<td>• Quantitative data from reports</td>
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<td>• FGD</td>
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<td>• Interviews</td>
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<td></td>
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<td>• Rating of outputs</td>
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<tr>
<td><strong>Process</strong></td>
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<tr>
<td>13. Were the initial organizational assessments of a good quality and based on strong beneficiary participation?</td>
<td>ME team, Partner organizations, Children with disabilities/families (for point no. 6)</td>
<td>• Document review</td>
</tr>
<tr>
<td>14. To which extent did the follow-up activities meet the identified weaknesses in the organizations’ capacities?</td>
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<td>• assessment reports, mid-term review report</td>
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<td>15. Were appropriate systems of downwards accountability</td>
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<td>• FGD</td>
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<td>• Interviews</td>
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(participation, information sharing and feedback), put in place and used by project participants? Did the feedback received shape project design and implementation?

16. Was new learning being captured and acted upon during the project implementation? If yes, how and what? If no, why not?

17. Were there any identifiable innovations developed that could be repeated in the future?

18. How has the project been coordinated with the other activities and priorities of the beneficiaries?

<table>
<thead>
<tr>
<th>Resources</th>
<th>ME team</th>
<th>Partner organizations</th>
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<tbody>
<tr>
<td>13. Was the budget and available financial resources realistic for the achievement of the intended objectives?</td>
<td>Document review</td>
<td>FGD</td>
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<td>14. Was enough time allowed for the achievement of the intended objectives?</td>
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<td>15. Were there enough staff, of appropriate competency, for the achievement of the intended objectives?</td>
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<td>16. Was there appropriate management support?</td>
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<td>17. Were logistics pipelines working well?</td>
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<td>18. And, were good communication protocols in place?</td>
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<thead>
<tr>
<th>Organizational Capacity</th>
<th>ME team</th>
<th>Partner organizations</th>
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</thead>
<tbody>
<tr>
<td>9. Was the project design and implementation informed by learning from previous experience?</td>
<td>Document review</td>
<td>FGD</td>
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<tr>
<td>10. Was there an appropriate system of management and communication in place to support project staff?</td>
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<tr>
<td>11. Were appropriate financial systems in place e.g. did project management have adequate financial information to make good decisions?</td>
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<tr>
<td>12. Was there an appropriate logistics system in place e.g. did the payment process work in a timely manner?</td>
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