

Report of Project End Evaluation

“Community Based Rehabilitation and Disability and Inclusive Development Phase Three: Myanmar” (CBR/DID)

Implemented by: The Leprosy Mission International in Myanmar



AND



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This report has been prepared by Myanmar Development Network in fulfilling the consultancy of Project End Evaluation commissioned by TLMM.

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Acronyms

CBR	Community Based Rehabilitation
CRC	Convention on Right of Children
DID	Disability and Inclusive Development
DRC	Disability Rehabilitation Center
DSW	Department of Social Welfare
FGD	Focused Group Discussion
GAD	General Administrative Department
IDD	International Day for Disable People
IE	Inclusive Education
KII	Key Informant Interview
MP	Member of Parliament
PwD	Person with Disability
SHG	Self Help Group
TLMM	The Leprosy Mission Myanmar
WCD	World Children Day
WLD	World Leprosy Day

Executive Summary

The project “Community Based Rehabilitation and Disability and Inclusive Development Phase Three: Myanmar” (CBR/DID) is implemented by The Leprosy Mission Myanmar (TLMM). The project builds on the phase two of previous project. The phase three of CBR/DID is implemented in 29 communities in 5 townships over 3 years (2016-2018). The project areas are Pakokku (Magway Region), Monywa (Sagaing Region), Patheingyi (Ayeyarwaddy Region), Taungtha (Bago Region) and Chaungtha (Mon State) in 5 different Disability Resource Centers (DRCs). CBR/DID aimed to contribute towards the realization of Myanmar National Law on rights of persons with disability passed in June 2015 to promote equal rights and non-discriminatory treatment as equal citizen through increasing access to health care, rehabilitation services, livelihood opportunities, and awareness on rights of children with disabilities to education as well as barrier free environment.

The project started on 1st January 2016 and concluded on 31st December 2018. TLMM has commissioned an external evaluation to Myanmar Development Network (MDN) and the evaluation mission was conducted in January 2019 in three townships Patheingyi, Chaungtha and Pakokku. The evaluation purpose was to assess relevancy of the project design, the appropriateness of methodologies and to look the project achievements and challenges. The evaluation used focus group discussions (FGD) with project stakeholders and key informant interviews (KII) with project stakeholders and beneficiaries primarily. In parallel with evaluation, the quantitative survey was conducted against the CBR/DID indicators to measure specific changes. The evaluation assessed upon projects impacts, changes, effectiveness, efficiency, relevancy, sustainability and direct observation of the commitments made by the project.

Key findings

Achieved 100%	All 29 SHGs in 4 townships reported that they have worked together with communities for PwDs to access health information and timely access to government health services	Target 70%
34%	10 SHGs out of 29 have demonstrated that they have improved knowledge and skill on personal finance management	50%
34%	20 PwDs out of 59 were members of their committee of social/development affair in the community	50%
79%	23 SHGs out of 29 conducted awareness raising on national law on the rights of persons with disabilities through IDD, CRC days	25%
11 schools	Reported that PwD students are studying (KII in Patheingyi, Chaungtha and Pakokku)	10%

Comprehensive support to Persons with Disabilities (PWD): The respondents, Persons with Disabilities, mentioned the comprehensive supports that they have received health services, educational supports, inclusive education,

community development, promoting knowledge, awareness raising, vocational training, physiotherapy services and devices, community health funds benefit to other community members, strengthening SHG, exchange visits and advocacy supports. The education staff/heads of the schools recommended that CBR/DID filled the essential gaps of education for PwDs in their school.

PwDs expressed that they become to know and aware of their rights through this project. They have opportunities to access basic health services, livelihood, social participation in their own community. Their role in the community was recognized by other people/other committees on their contribution, participation, institution, and collective earnings. They have engaged in Self Help Group actively and took leadership role. Women with disabilities participation and contribution were highly promoted by the communities. PwDs received mobility devices, training and service on physical therapy, livelihoods support through micro credit, seed fund for group business, trainings on marketing and management and access to vocational skills; demonstration on barrier free adaptations; medical referral; training, awareness raising and advocacy on disability, inclusive approach and rights. Their families and community members used their own ideas and resources to enable Persons with disabilities to achieve the goal of equality. Through this project intervention, PwD children have spaces and opportunities to access to required services necessary to fully develop his/her potential in IDD, World Children Day, and International Leprosy's Day. Their Mothers, who are main care takers in families have opportunities to interact with others and benefitted from peer supports as well as livelihood development and income generation through self help groups. PwDs appreciated the celebrations of IDD, World Leprosy Day, World Children Day which created favorable space to explore their talents and contributions in community events.

Self Help Group (SHG): The SHG concept in depth which is adapted for successful implementation of the project as well as to have sustaining capacity within the communities. All SHGs met in the evaluation shown income and expenses note, loan note, meeting minutes and project related documents and IECs. All SHGs have clear goal and assigned duties between members. All SHGs were formed with PwDs members. They were very active and talked freely on what they have done so far and future. The evaluator met with 3 SHGs out of 29 SHGs. The three SHGs during evaluation visit come up with stronger financial and group business capacities. SHG leaders were trained on the national law on the rights of persons with disability. They received seed fund for health assistance. The three SHGs have been developed community action plans. The three SHGs facilitated together with the parents and teachers' association of their community primary school to implement action to adapt school facilities to be of universal use. SHGs formed in the phase 1 of the CBR DID are still need to observe functioning and need to check more time to ensure sustainability. Three SHGs visited during the evaluation received seed fund for group business and fund for community action. And they received fund for adaptation of education facility and seed fund for health assistance all the SHGs. They received the training on national law and CBR approaches and the other SHG related trainings on group functions.

The role of DRCs is the only space for PwDs to come and share their feeling, experiences, and needs. All local government recognized the services. DRCs serve as the networks for PwDs through rehabilitation services, enabling timely and effective implementation of CBR/DID, and coordinate between local government and PwDs. Participating DRCs are Monywa DRC in Sagaing Region, Pakokku DRC in Magwe Region, Patheingyi DRC in Ayeyarwaddy Region, Taungtha in Bago Region and Chaungzone DRC in Mon State. DRCs are independent from the government system they work closely with the local department of social welfare in implementation of the project. Staff involve in disability and CBR training with TLMM both in central and local levels, they well understood about the work and support the works of DRC.

CBR/DID engages in promoting rights and non-discriminatory treatment as equal citizen through community based services to increased of access to health care, rehabilitation services, livelihood opportunities, awareness on rights of children with disabilities to education as well as barrier free environment, build the capacity of persons with disabilities, their families and representative organizations to engage in community based rehabilitation and

disability inclusive development. CBR/DID reached to 29 communities in 5 DRCs. Indirect beneficiaries are families of Persons with disabilities and the wider community members of the project target villages (18,377). CBR/DID provided PT/OT materials to all communities, provided seed fund for health care services in 15 communities, 29 care giver refresher trainings, Bookkeeping and marketing training to 14 communities, exchange visits between PwDs SHGs and non-PwDs SHGs, provided feasibility study trainings, staff capacity building on business planning and facilitating SHGs, provided trainings to SHG leaders on CBR and law on rights of PwDs, celebrating IDD day to promote awareness on law on rights of PwDs, producing IECs on rehabilitation and sign language exercises, promoting awareness to teachers on rights of PwDs, and provided adaptive facilities for universal access.

Stakeholders: Teachers especially the primary school heads in the target project townships received awareness sessions on disability, rights to education of disabled children especially with regard to the national law and CRPD and information about inclusive education. Department of Social Welfare, Department of Education, Department of Health, local NGOs, INGOs, SHGs formed by other organizations, DPOs have worked together to establish local and regional PwDs association under guidance of local and regional government. During the evaluation, the work was on going and planning for state/regional consultation.

Advocacy of PwDs have been supported by the project. The SHGs through capacity building on knowledge on rights, financial management and through involvement social participation in their communities. And PwDs were able to access wider services on health, education, livelihood and social aspects again through networking and linking with the other existing resources/stakeholders through the knowledge on rights through CBR activities and awareness and advocacy activities.

Capacity to staff at DRCs have had proper supervision and support to ensure quality services. Each DRCs has a sufficient structure of staff with one site coordinator, one CBID facilitator, one SSA accessibility, one junior PT and volunteers. (one physiotherapist, two livelihood facilitators and one social & empowerment facilitator). Improvement within organization and to strengthen local capacity and technical sustainability, the organization focused capacity building on project management training, PM&E, report writing: case studies and write ups, HR management at field levels and technical trainings on basic public health - promotion, prevention and care giver training on physical therapy and marketing and business management trainings to facilitate the group business activities. Care giver training included the basic health staff of the community and training for teachers by coordinating with the Township Education Officer (TEO). In the training, teachers then reduced discriminations such as school enrollment and they also come to think about barrier free structures in their school.

Pathein DRC: Access to the building is favorable to physical impaired and other PwDs. The center put IECs on sign language, rehabilitation steps, rights of PwDs and equipment for rehabilitation are installed. One site coordinator, one CBID facilitator, one SSA accessibility and other four volunteers are providing services to PwDs. Pathein DRC has been established good communication with township and regional level administration through coordination and collaboration particularly on International Day of Disables, World Leprosy's Day, and World Children's Day. PwDs in collaboration with *Linletkyaesin*, *Silonechinarr*, *Kyantaingaug*, *Linletthit*, *Eagle* and *Hninsiarman* SHGs organized special events, walk for disables, drama, sports for women with disabilities, and children PwDs. Social media is supporting as an effective communication among PwDs and they have created *Hninsiarman* Viber group to provide information regularly in terms of local news and project related meetings and events. Linletthit SHG is operating health care, saving and loan, education fund and health fund through 21 members. Health SHG has 65 members. They worked together for community development purposes. They received PwD right training, care giver training, rehabilitation training with three days. They lead for IDD day, World Children Day with contests.

Chaungzone DRC: Access to the building is favorable to physical impaired and other PwDs. The center put IECs on sign language, rehabilitation steps, rights of PwDs and equipment for rehabilitation are installed properly. The center has only two staff to provide services. Chaungzone DRC has good relationship with General Administrative

Departments, Department of Social Welfare, Township Health Department, Members of Parliament. PwDs in Chaungzone in working with DRC advocated in terms of PwD identify card which is not the same with National ID card. It was raised as a critical issue and has been recognized by state level government. *Armanthith SHG* is well established with the support of DRC staff. The PwDs received various vocational trainings on bamboo handicraft making, soap making, bamboo cap making, financial management training, bookkeeping, and business planning.

Pakokku DRC: Access to the building is favorable to physical impaired and other PwDs. The center put IECs on sign language, rehabilitation steps, rights of PwDs and equipment for rehabilitation are installed properly. Pakokku DRC has good relationship with General Administrative Departments, Department of Social Welfare, Township Health Department. The PwDs received various vocational trainings on financial management training, bookkeeping, and business planning. *Mettamon SHG* is operating its PwDs services through saving and loan, health fund and small business. Four members of SHG attended rehabilitation training and received 11 types of rehabilitation exercises. SHG organized other health care services to check eyes of PwD and other community member, they supported mosquito prevention event. The SHG provided health services to communities and referred pregnant mothers, injured persons and persons with chronic illnesses to township general hospital by using health fund.

Quantitative Survey:

The total 146 respondents (94Male, 54Female) from PwDs (29M, 30FM), Care Takers (17M, 3FM), SHG members (20M, 9FM), Trainers (26M, 8FM), and from government staffs represented in quantitative survey in Monywa, Pakokku, Pathein, Taungoo Townships. The quantitative surveys accessed the improvement of People with disabilities (PWD) to access services and PwDs are aware of rights against specific objectives (SO) 1 to 5 and it linked with the achievement of each activity. This survey used Individual Survey Tool. Five different question sets used in the interview with PWD, member of SHG, Care takers, government staff and trainers. The detailed findings were shown in findings against logical framework.

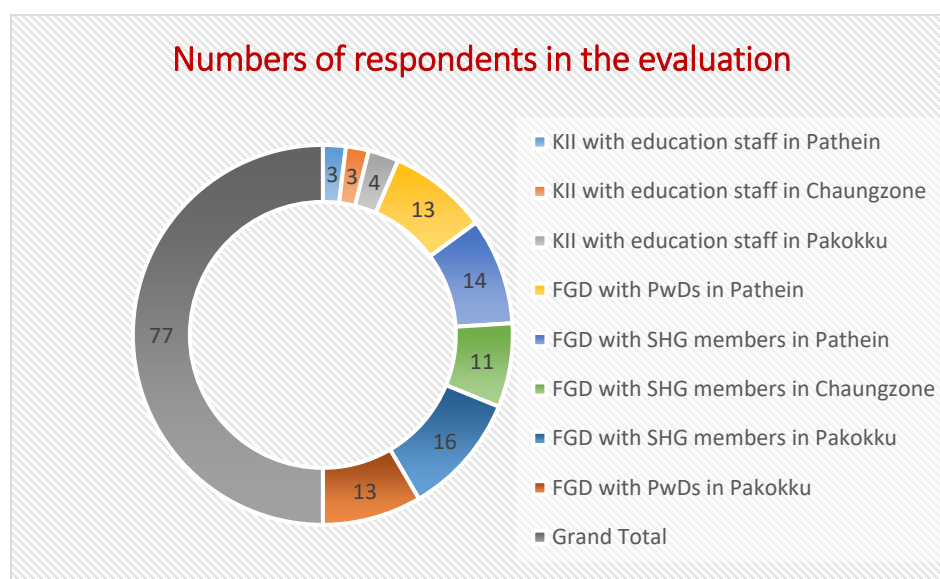


Figure 1 Respondents in the evaluation

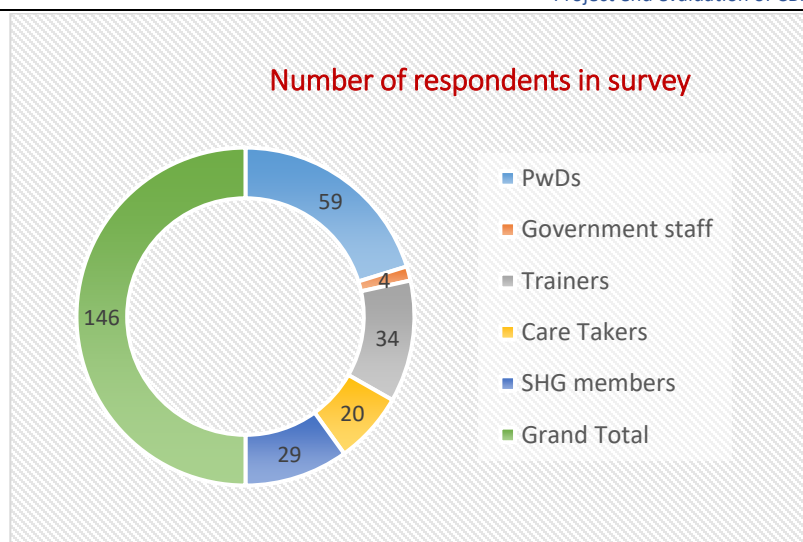


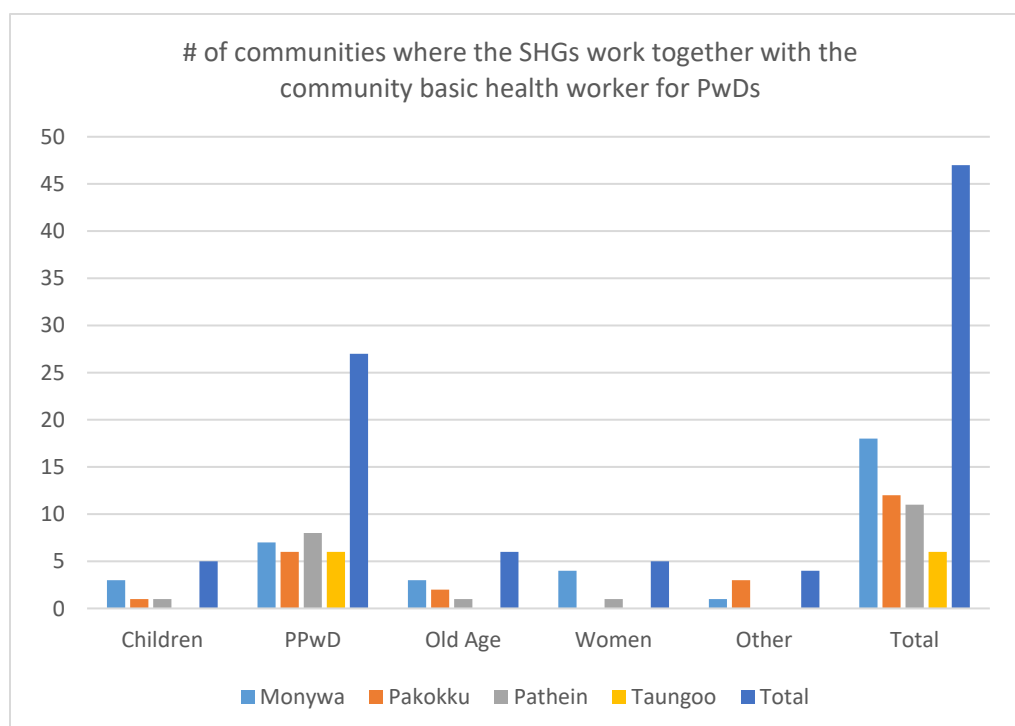
Figure 2 Respondents in survey

of communities where the SHGs work together with the community basic health worker

SHG	Children	PwD	Old Age	Women	Other	Total
Monywa	3	7	3	4	1	18
Pakokku	1	6	2	0	3	12
Pathein	1	8	1	1	0	11
Taungoo	0	6	0	0	0	6
Total	5	27	6	5	4	47

Figure 3 # of communities work for health services

There were 47 members of SHGs reported that they have worked together for PwDs to access basic health services. In which 5 children, 27 PwDs, 6 old age, 5 women and 4 other age represented that they have accessed basic health services from Government.



% of the target communities where PwD has taken a role as a member of a committee of social/development affair

PWD	Yes	No	Total
Monywa	8	8	16
Pakokku	2	13	15
Pathein	10	6	16
Taungoo	0	12	12
Total	20	39	59
			34%

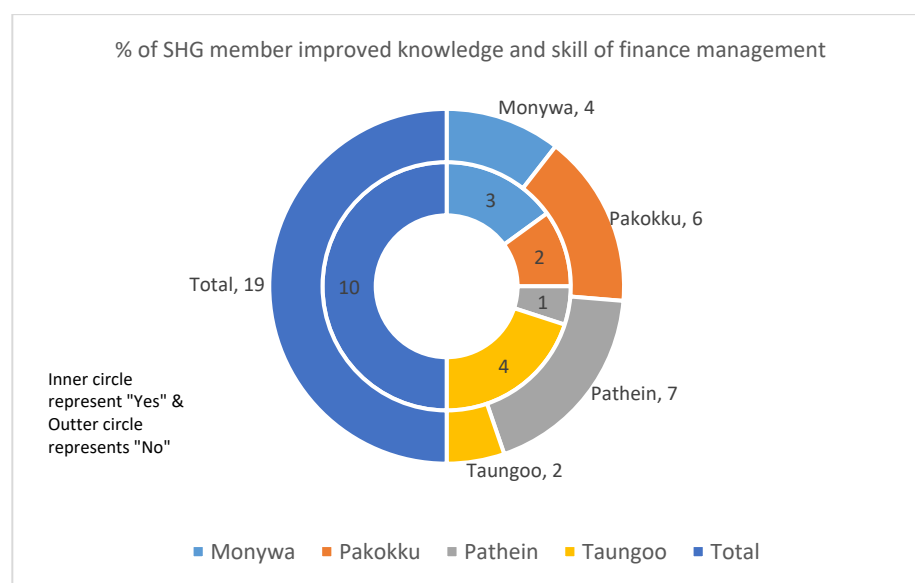
Figure 4 Number of PwDs in SHG members

The total 20 out of 59 PwDs respondents in the survey mentioned that they were involved in the community committees which designated for social and development affair.

% of SHG members who participate in awareness raising to community on national law on the rights of persons with disabilities

SHG	Yes	No	Total
Monywa	6	1	7
Pakokku	8	0	8
Pathein	4	4	8
Taungoo	5	1	6
Total	23	6	29

Figure 5 List of SHG participated in awareness program



% increase in the number of schools in the project area (township) where a disabled student is studying

SHG	Yes	No	Total
Monywa	0	0	0
Pakokku	4	0	4
Pathein	3	0	3
Taungoo	0	0	0
Total	7	0	7

7 respondents from Pakokku and Pathein, and 4 respondents from Chaungzone have reported that disabled students are studying in their schools.

% of persons with disabilities reported improvements in their health and/or function (age and gender segregated)

PWD	Yes	No	Total	M	FM	Total
Monywa	8	8	16	7	9	16
Pakokku	3	12	15	7	8	15

Pathein	8	8	16	10	6	16
Taungoo	6	6	12	6	6	12
Total	25	34	59	30	29	59

increase in % of SHG members who can calculate cost benefit ratio correctly

SHG	Yes	No	Total
Monywa	7	0	7
Pakokku	7	1	8
Pathein	2	6	8
Taungoo	3	3	6
Total	19	10	29

% increase in net profit (of the capital of group business fund) by the end of project

SHG	Yes	No	Total
Monywa	7	0	7
Pakokku	7	1	8
Pathein	2	6	8
Taungoo	3	3	6
Total	19	10	29

% of schools in the project area where the trainee teachers raise awareness on disability and inclusive education to the PTA and students

SHG	Yes	No	Total
Monywa	7	0	7
Pakokku	10	0	10
Pathein	11	0	11
Taungoo	6	0	6
Total	34	0	34

% of Person with disabilities assessed for rehabilitation requirement and treated (age and gender segregated)

PWD	Yes	No	Total	M	FM	Total	18	18-49	50-69	70
Monywa	16	0	16	7	9	16	2	11	2	1
Pakokku	15	0	15	7	8	15	0	8	5	2
Pathein	16	0	16	10	6	16	0	10	5	1
Taungoo	12	0	12	6	6	12	6	4	2	0
Total	59	0	59	30	29	59	8	33	14	4

The total 59 PwDs respondents have said that the project has conducted assessment for rehabilitation requirements and treated.

% of persons with disabilities referred to health services for treatment through health assistance fund
(age and gender segregated)

PWD	Yes	No	Total	M	FM	Total	18	18-49	50-69	70
Monywa	6	10	16	3	3	6	1	3	1	1
Pakokku	1	14	15		1	1		1		
Pathein	4	12	16	2	2	4		2	2	
Taungoo	6	6	12	2	4	6	5		1	
Total	17	42	59	7	10	17				
	29%	71%		41%	59%	50%	6	6	4	1

Finding against logical framework

Results	Indicators	Target	Achievements and Interpretations
Overall Objective: To contribute towards the national law on rights of persons with disabilities to promote inclusion and rights of persons with disabilities as equal members of society			
Specific Objective: Persons with disabilities are aware of their Rights and have improved access to health, education, livelihood and social participation in their own communities (in 29 communities, in 5 townships of Myanmar by end of 2018).	<ul style="list-style-type: none"> % of communities where the SHGs work together with the community basic health worker in sharing information and/or providing assistance to the PWDs to have timely access to government health services 	70	100% (all 29 respondents of SHG in 4 townships worked together with community for PwD services)
	<ul style="list-style-type: none"> % of SHG members who have improved knowledge and skill on personal finance management 	50	34% (10 SHG members out of 29 improved knowledge/skill of finance)
	<ul style="list-style-type: none"> % of the target communities where PwD has taken a role as a member of a committee of social/development affair in the community during the project period 	50	34% (20 respondent PwDs out of 59 the members of committees)
	<ul style="list-style-type: none"> % of SHG members who participate in awareness raising to community on national law on the rights of persons with disabilities 	25	79% (23 SHG members out of 29 participated in awareness raising on national law on the rights of persons with disabilities)
	<ul style="list-style-type: none"> % increase in the number of schools in the project area (township) where a disabled student is studying 	10	11 schools are reported that PwD students are studying (KILs in Pathein Chaungzone and Pakokku)
Result 1: Rehabilitation services are available and primary health care are disability-inclusive at community level.	<ul style="list-style-type: none"> % of Person with disabilities assessed for rehabilitation requirement and treated (age and gender segregated) 	70	50% PwDs assessed for rehabilitation requirements and treated (51% Male, 49% FM) (8 PwD under 18, 33 PwD 18-49 ages, 14 PwD 50-69 age, 4 PwD above 70)
	<ul style="list-style-type: none"> number of family members/care takers trained on rehabilitation exercises (over 3 years) 	167	283 family members/care takers trained on rehabilitation exercises (over 3 years)
	<ul style="list-style-type: none"> % of persons with disabilities reported improvements in their health and/or function (age and gender segregated) 	70	50% answered that their health was improved in last 3 years. (51%M, 49%FM)
	<ul style="list-style-type: none"> % of persons with disabilities referred to health services for treatment through health assistance fund (age and gender segregated) 	10	29% PwD accessed through health assistance fund (41%M, 59%FM) 5 PwDs have been referred to access health services.
Result 2: Persons with disability in the project communities and SHGs with increased business skill and income.	<ul style="list-style-type: none"> Number of Marketing and management trainings conducted for SHGs (50% female participants) 	14	23 Marketing management trainings conducted
	<ul style="list-style-type: none"> increase in % of SHG members who can calculate cost benefit ratio correctly 	25	66% of SHG used their knowledge of financial management to develop and generate community fund (debit/credit/balance) 111 SHG members reported.
	<ul style="list-style-type: none"> % of Feasibility studies conducted for the most suitable potential businesses 	100	100 % SHG in Chaungzone did feasibility study to do bamboo handicrafts. 26 times of feasibility studies conducted.
	<ul style="list-style-type: none"> number of SHG workshops conducted among SHGs of the same/adjacent township and or with other non-disability SHGs to learn and share experience 	4	5 times SHGs workshops conducted
	<ul style="list-style-type: none"> number of SHGs provided with fund for group business 	14	15 SHGs received seed funds
	<ul style="list-style-type: none"> % increase in net profit (of the capital of group business fund) by the end of project 	200	66% of SHG reported that net profit has been increased by the end of project
	<ul style="list-style-type: none"> % of net profit of group business used for credit plus activities in the 	5	Chaung zone SHG 2 SHGs from Chaungzone and Pakokku reported profits

	<ul style="list-style-type: none"> community % increase in regular individual saving in the group by the end of the project 	50	of group busines 3 SHGs members from Pathein, Chaungzone and Pakokku reported individual saving is increased
Result 3: SHGs and PwDs empowered through CBR approach to actively participate in development and social affairs of the community.	<ul style="list-style-type: none"> Number of SHGs participated in the training on CBR and Disability Rights Law 	29	29 SHGs participated in the training on CBR and disability rights law
	<ul style="list-style-type: none"> Number of SHGs participated in the training on community planning exercise 	29	24 SHGs responded that they have participated in community development actions (5 SHGs did not respond in the survey)
	<ul style="list-style-type: none"> % of SHGs successfully mobilized and executed of community action plan with project fund 	100	62% SHGs generated community fund for community action plans (23 activities have been mobilized)
	<ul style="list-style-type: none"> % of communities organized IDD 	80	97% communities organized IDD and awareness events
	<ul style="list-style-type: none"> number of Events/cases where SHGs has actively involved in the community with regard to social and cultural aspects. 	19	23 activities have been mobilized
Result 4: Teachers in project area are aware of disability law and rights to education and basic on inclusive education.	<ul style="list-style-type: none"> Number of trainings for teachers on: disability, rights to education of disabled persons and information sharing on inclusive education approach 	15	14 times of trainings for teachers on disability, rights to education of PwDs
	<ul style="list-style-type: none"> Number of teachers provided with training on disability and information on inclusive education 	750	768 teachers provided with training on inclusive education
	<ul style="list-style-type: none"> % of schools in the project area where the trainee teachers raise awareness on disability and inclusive education to the PTA and students 	60	100% of schools in the project area where the trainee teachers raise awareness on disability and inclusive education to the PTA and students
	<ul style="list-style-type: none"> Number of schools in the project area where a measure on inclusive education is implemented 	15	11 schools responded in the survey that they have prepared inclusive education through preparing materials, school environments and infrastructure.
	<ul style="list-style-type: none"> % of school-age PwD children going to school in the target community 	75	82% of school-age PwD children going to school in the target community
Result 5: Organizational operation and monitoring system is in place.	<ul style="list-style-type: none"> No of staff retained to implement and monitor the project 	3	Several trainings conducted
	<ul style="list-style-type: none"> No of monitoring/supervision visit by Cluster manager and Central Office 	30	Occasional monitoring visits conducted from Yangon management. Monthly monitoring visits were conducted by DRCs staff.
	<ul style="list-style-type: none"> End of project evaluation conducted and recommendations available 	1	1 Evaluation was conducted

Objective and Methodology

The evaluation purpose is to assess relevancy of the project design, the appropriateness of methodologies and to look the project achievements and challenges. The evaluation team utilized a qualitative tool of FGD and KII. A semi-structured interview guide was developed after reviewing 14 core documents on PwDs in Myanmar and project documents (see more in annex). The project then conducted 5 focus group discussions (FGDs) with 3 SHGs, 2 PwD and 8 KIIs with education staff in three project locations: Pathein, Chaungzone, and Pakokku. Individual interviews were selected randomly by the project. Please see the annex for a complete list of persons interviewed for the evaluation.

Quantitative Survey is developed to access the improvement of People with disabilities (PWD) to access services and PWDs are aware of rights through “Community Based Rehabilitation and Disability and Inclusive Development Phase Three: Myanmar” project which is ended in December 2018. The quantitative survey is grounded on the descriptive indicators developed in the project with specific objectives (SO) 1 to 5 and it linked with the achievement of each activity.

Project end evaluation: The qualitative approach will be used mixed methods to access projects’ impacts, changes, cases, effectiveness, efficiency, relevancy, sustainability and significances of promises made by the project. The evaluation areas are directly used of OECD project evaluation criteria.

Survey Tools: This survey and evaluation will use two data collection tools/methods which are Key Informant Interview (KII) and Focused Group Discussion (FGD). The targeted samplings are typically targeted to PWDs, members of SHG, Care takers, Teachers or Trainers and project stakeholders.

Relevancy

"We could raise our voice to get the national Identity (ID) and registration card particularly for people with disabilities to our MP.

He raised our voices in parliament as making a notion that was agreed by majority of MP to take action"

(Daw Bago Mya, a member of SHG, Chaungzone Township)

CBR/DID is highly relevant to the needs of Myanmar, and it is in alignment with Law on the Rights of Persons with Disabilities in Myanmar on 5 June 2015; National Strategic Plan on Disability and the Plan of Action on Disability; National Census 2014. The objectives of CBR/DID is carefully formulated to fill gaps in the overall response to PwDs services in Myanmar. The project reflects TLMM’s extensive experience collaborating with government departments, Department of Social Welfare, Department of Education, Department of Health, local NGOs, INGOs, SHGs formed by other organizations, DPOs, key actors who worked for PwD issues in Myanmar. TLMM has been working with DPRE coordination. As of census 2014, the CBR has been started to provide rehabilitation services to reach to 5.12% of PwDs in 5 states and regions. The CBR used community based rehabilitation approach through PwD to claim their basic rights, to participate in society with dignity and integrity. CBR filled a gap on lack of mechanism to provide PwDs services in education, health, participation in public life and rehabilitation as promoting realization of PwDs rights. CBR raised awareness on rights of PwDs to law makers and stakeholders through IDD days, National Registration process, identifying local needs and discussing the local budgets. TLMM did a survey on Disabilities in 2010 that looked the comparison between households with persons with disabilities and households without PwDs. The households with PwDs were less likely to own cultivatable land (39% vs 60%), less likely to own valuable domestic asset (50.8% vs 67%), less likely to own domestic livestock (38.5% vs 50%) and more likely to be dependent on casual labor as the main source of household income (50.4% vs 30%). These findings support observations made globally that Persons with disabilities are disproportionately represented amongst the poorest subsections of society. Thus community based approach injected the poorest with livelihoods supports through seed grants to 15 SHGs to get alternative incomes through collective approach.

Effectiveness and Efficiency

"We have learnt many livelihoods and vocational training such as market studying, making soap, financial management, making bamboo hat"

(U Ohn Moat, SHG member, Chaungzone)

One SHG member from *Arrmanthit* from Chaungzone said CBR provided essential skills of doing a small business. The project provided seed grant to start a collective business of bamboo hat for the PwDs members who provided making raw material and skills. This was an evident of CBR approach that embedded with livelihoods and

rehabilitation service. It was emerged from a suggestion made by the deputy regional director in country strategy development workshop, livelihoods and SHG components should be embedded together with community based rehabilitation so that the PwDs would be benefitted improved income, and social aspects. The SHGs approach in phased one was established through formation and establishing functioning. The phase 2 focused to build its' capacity and sustainable functioning. CBR assisted communities to realize the needs of PwDs to fill gaps of lacking adequate infrastructures, access to road, and sanitary facilities. The inclusive education has been implemented in 11 schools which were reported that they have provided special assisted shoes, renovating latrine and sanitary facilities to access school children with disabilities, wheel chairs, and installing ramps.

Impact and Sustainability

"Now the girl with disability can use 250 feet long school road and a sanitary facility without any barriers. And she has full of confident to come to school alone without additional care giver"

U Kyaw Lwin (Head Master of Bayargyi Gone High School)

Four schools in Pathein, four schools in Chaungzone, four schools in Pakokku townships have demonstrated the implementation of inclusive education. After receiving the awareness programs, inclusive education training on rights of people with disabilities, the inclusive education programs have been implemented by renovating school roads, repairing sanitary facilities and provision of special assisted equipment to school children with disabilities. 769 teachers from learned inclusive education from CBR project. Previously teachers could not identify and know that school children with disabilities have different types of needs, capacities and vulnerabilities. The inclusive education opened views, thoughts and attitudes of teachers to treat school children with disabilities equally with other school children. Seed grant and SHG approach start up the community members to keep health fund for emergency and referral cases.

Recommendations

Advocacy initiatives and forming regional/state level PwDs Associations

During the evaluation, Pathein DRC and SHGs have been preparing to engage in the meeting to form Regional level PwD Association which was encouraged by Regional Chief Minister. State/Regional space for PwDs is much more strategic to raise PwD voices broadly and to access relevant services from respective ministries. Key examples of the project can be scale up to gain government supports and to promote political wills on promoting equal rights and non-discriminatory treatment as equal citizen through increasing access to health care, rehabilitation services, livelihood opportunities, and awareness on rights of children with disabilities to education as well as barrier free environment.

Inclusive Education

Continuation of financial and technical supports is required for the schools which have been implementing inclusive services to PwDs children to education. All school heads proposed to provide space to share and learn about inclusive education through forums or talk on special days or events. And staff allocation for inclusive education should be the same practice with ethnic education so that the assigned staff can take the whole tasks and able to provide effective services to PwDs school children. Further more, IE should be adopted in seperated system of education with proper set up, system, structure, facility and faculty as same as blind/vision impairment schools and daft/disable in hearing schools.

Coordinated Actions

Broader collaborative actions can be elaborated in working with DSW to facilitate community based disability interventions as well as mainstreaming of disability interventions in other development sectors. In terms of PwDs

registration card and receiving services from government, Chaungzone DRC used the role township MP to raise the issue at state level administration to recognize the citizen right and PwD right specifically.

ANNEX

Annex 1 Evaluation Terms of Reference

Please see in separated attached.

Annex 2 List of Documents Review

- 20150910_PCBR DID Phase3_proposal_narrative_v4
- 20150910_TLMM_MYP_Logfram2016_2018_final
- CBR_Endline_Survey Data
- Comm_based_mod3_curr
- Data Analysis sheet_201903
- Inception document_20190109
- 330C01 CBRDID Phase3_report Jan to Jun 2016
- 330C01 CBR DID Phase 3 report Jul-Dec 2016
- CBM report - 2017 Jan-Mar
- CBM report - 2017 Apr-Jun
- CBM report - 2017 Jul-Sep
- CBM report - 2017 Oct-Dec
- CBM report - Jan-Jun 2018
- No.2-P3323-MYP_Project_Progress_Report_01-01-18 - 06-30-18-TLMM_21.7.2018.NNL
- CBM report - Jul-Sep 2018
- No.1-CBM Narrative - Jul to Sep 2018 NNL
- CBM report - Oct-Dec 2018

Annex 3 List of Respondents

Number of respondents in evaluation

Types of Respondents	Female	Male	Total
KII with education staff in Pathein	1	2	3
KII with education staff in Chaungzone	2	1	3
KII with education staff in Pakokku	2	2	4
FGD with PwDs in Pathein	4	9	13
FGD with SHG members in Pathein	6	8	14
FGD with SHG members in Chaungzone	8	3	11
FGD with SHG members in Pakokku	8	8	16
FGD with PwDs in Pakokku	5	8	13

Number of respondents in quantitative survey

Types of Respondents	Female	Male	Total
PwDs	29	30	59
Government staff	2	2	4
Trainers	26	8	34
Care Takers	17	3	20
SHG members	20	9	29
Grand Total	94	52	146

Annex 4 Questionnaires for FGDs

The questionnaires for Focused Group Discussion are formulated to reflect against project log frame and its indicators. However, it will be adapted for each stakeholder such as PWDs, Care Takers, SHG members, Government Stakeholders and Development Partners if necessary who are going to be interviewed and discussed. Evaluation of overall impact of project will look how PWDs are aware of rights through Community Based Rehabilitation and Disability and Inclusive Development.

The sampling of FGDs is targeted to reach PWDs and members of SHG those who are the direct beneficiaries of the project. The intended numbers of FGDs will be 5-10 times in selected townships. **(3 FGDs with PWDs and 3 FGDs with SHG members)**. KII tool will be applied for acquiring information to get indepth to know the impacts and results of the project. The intended KIIs will be conducted with project stakeholders. **(Total 20-25 KIIs will be conducted with 5 PWDs, 5 SHG members, 5 Care takers, 5 Government staff (3 of school teachers or 2 DSW staff), and 5 project staff and proposed stakeholders.)**

The questionnaires for Focused Group Discussion

Criteria	Questions and sub-questions
Relevancy	<p>To what extent have the stated objectives correctly addressed to improve rights of PWDs through CBR and DID approach?</p> <p>Sub-questions:</p> <ol style="list-style-type: none"> 1. How is the project relevant to Myanmar Government policy, law and institutionnel framework of Myanmar government on PWDs? Promoting of their rights through CBR and DID approaches? 2. How the project is addressed PWD issues ? 3. How did the project support to improve rights of PWDs and access to health services through CBR and DID approaches ? <ol style="list-style-type: none"> a. SHG services (SHG forming, credit plus, saving, CBD/DRL Trainings, Community events) b. Inclusive education (Training on IE, school awareness on CBD/DRL, implemetataion of IE, services for school-age PWD) c. Livelihoods (Marketing training, learning experiences) d. Care Taker Trainings e. CBD/DRL Trainings 4. How did the project activities ensure to meet with the needs and priorities of PWDs? 5. How do you think that the project was relevant to current situation of PWDs in Myanmar?
Effectiveness	<p>To what extent have the activities undertaken allow the project to achieve strengthening protection and reintegration services for victims of Trafficking?</p> <p>Sub-questions:</p> <ol style="list-style-type: none"> 1. What kind of institutions/organizations are essential for CBD/DRL? national level? community level? 2. What kind of institutions/organizations are working on PWDs issues and how do they work on community based rehabilitation ? 3. How community based organizations were strengthened on providing PWDs services? (On technical knowledge and best practice, training and institutional support) <ul style="list-style-type: none"> • Health services in detailed ? • Rehabilitation services in detailed?

	<p>4. Were institutional capacities and mechanisms in place for rehabilitation? (Rehabilitation process : Identify problems and needs, Identify and Define the appropriate measures, Plan-coordinate interventions, Review and Assess effects)</p> <p>5. What challenges, gaps, opportunities are found in the sector/work or context and how the project is addressed these? or how the project adapt and cope these situation to get better results?</p> <p>6. How effectively did the project achieve its intended outcomes?</p>
Efficiency	<p>Was CBR/DID project soundly manage?</p> <p>Sub-questions</p> <ol style="list-style-type: none"> How are the targets identified? What criteria are applied for beneficiary selection? How are the project activities designed? Were information and method of needs assessment and situation analysis adequate? Who are the project stakeholders and how to identify them correctly? <ol style="list-style-type: none"> How PWDs are engaged in the project? How Care Takers are engaged in the project? How the government officials are engaged in the project? How the project staff are engaged in the project? How other stakeholders are engaged in the project ? Did the project manage timely and delivered the intended results? or promises? How is the project internal monitoring system implemented? What are the factors driving the strengths and opportunities of the project into current TLMM? (Only staff) How efficient was the implementation of the project, time used for different components and how significant were the transaction costs? Were the resources used within the timeframe expected? Why and how efficiently did the project take risks to achieve project results, especially in areas where other donors were not ready to do so? Overall, How did the project utilize its resources efficiently in the name of equity, effectiveness, efficiency, economy, equality?
Impact	<p>To what extent has the project facilitated to improve rights of PWDs and their access to health services?</p> <p>Sub-questions</p> <ol style="list-style-type: none"> What are the impacts of the actions of the project to work with government of Myanmar? What are the impacts of the actions on PWDs? How the concepts of gender and conflict sensitivity were applied? How the project created enabling environments and spaces for PWDs? What are the most significant changes of the project can be seen? <p>In terms of the knowledge on CBR:</p> <ul style="list-style-type: none"> Is CBR and information system in place? Did you capture the concepts delivered in trainings? CBR/Inclusive Education, DRL? <p>Training:</p> <ul style="list-style-type: none"> Has the training been able to help you and your work? Please, give specific examples. Were the trainings able to foster the application of CBR? Case Management? Please, give specific examples?

	<ul style="list-style-type: none"> To which extent did the activities of the project complement each other and have a strategic coherent approach within government or development partners?
Sustainability	To what extent are the CBR/DID activities sustainable beyond services and assistances made?
	<p>Sub-questions</p> <ol style="list-style-type: none"> How can the supports of project and implemented actions be strengthened? How can the capacities and responses of government officials have been improved? (if necessary) To what extent do the CBR mechanisms promoted by the project? Livelihoods? Are the beneficial effects likely to last long after the end of the assistance? Do TLMM and the community organizations use the lessons learned to extend and replicate the benefits? To which extent is TLMM work sustainable, considering the commitment of the government (including financial) and other stakeholders to continue to support/replicate its activities? What were the unexpected results, partnerships and resources that came out of the project? What was the legacy the project left in terms of legal framework and impact that is deemed to be long standing (information availability, change of mentality and perception etc.)?
	<p>Sub-questions</p> <ul style="list-style-type: none"> Have local knowledge and resources have been used? How the resources are allocated and shared? Gender: To which extent were gender considerations mainstreamed throughout the activities? Do no Harm: To which extent did the project design and implementation take into account 'Do No Harm' considerations? <p>Evaluation of management and oversight structures in Myanmar</p> <ul style="list-style-type: none"> To which extent did TLMM collaborate with any other entities towards common objectives in this Project? How productive and intense was the relationship among the various members of the Project Board? To which extent were gender considered throughout not only in the project design but also during implementation, monitoring and reporting? To which extent did this project respond to global added value/niche? <p>Key lessons learned and recommendations</p> <ul style="list-style-type: none"> What were the main programming factors of success? Thinking through the activities you have taken part in the Project, what do you think that worked really well and is quite unique about the work that WVM does?

Annex 4 Questionnaires for KIIs

(5 KIIs with 5 PWDs, 5 KIIs with SHG members, 5 KIIs with 5 Care takers, 5 KIIs with Government staff (3 of school teachers or 2 DSW staff), project staff and proposed stakeholders.)

KII with PWDs

- What is your name and your role in the community please?

2. What do you know about the project?
3. Which organization is implementing this project?
4. Who is the project staff are you working with?
5. Did the project consult with community to identify the needs of PWDs?
6. What services did you receive from the project?
7. How the project is addressed PWD issues?
8. How did the project support to improve rights of PWDs? Access to health services?
9. How did you engage in the project?
10. What information did you receive through the project?
11. Can you express current situation of PWD in Myanmar as you know?
12. What are the challenges you have and needs you have?
13. What trainings did you attend? Which are they? What do you think that trainings helped you to what extent?
14. Has your income improved compare with last 3 years ago?
15. How do you think that the project was relevant to current situation of PWDs in Myanmar? and why?
16. What kind of institutions/organizations are essential for CBD/DRL?
17. How community based organizations were strengthened on providing PWDs services?
18. What challenges, gaps, opportunities are found in the sector/work or context?
19. What would you like to suggest to address this properly?
20. Do you have care taker and satisfied the services you received?
21. Has your health improved compare with last three years ago?
22. What do you think that what kind of project activities that make more lasting impacts?
23. Have local knowledge and resources have been used?
24. What would you like to recommend to this project?
25. What would you like to say the project donors?

KII with Care Takers

1. What is your name and your role in the community please?
2. What do you know about the project?
3. Which organization is implementing this project?
4. Who is the project staff are you working with?
5. Did the project consult with community to identify the needs of PWDs?
6. What services did you receive from the project?
7. How the project is addressed PWD issues?
8. How did the project support to improve rights of PWDs? Access to health services?
9. How did you engage in the project?
10. What information did you receive through the project?
11. Can you express current situation of PWD in Myanmar as you know?
12. What are the challenges you have and needs you have?
13. What trainings did you attend? Which are they? What do you think that trainings helped you to what extent?
14. How do you think that the project was relevant to current situation of PWDs in Myanmar? and why?
15. What kind of institutions/organizations are essential for CBD/DRL?
16. How community based organizations were strengthened on providing PWDs services?
17. What challenges, gaps, opportunities are found in the sector/work or context?
18. What would you like to suggest to address this properly?
19. What kind of PWD are you caring?
20. Has the PWD's health improved compare with last three years ago?

21. What do you think that what kind of projet activities that make more lasting impacts?
22. Have local knowledge and resources have been used?
23. What would you like to recommend to this project?
24. What would you like to say the project donors?

KII with SHG members

1. What is your name and your role in the community please?
2. What do you know about the project?
3. Which organization is implementing this project?
4. Who is the project staff are you working with?
5. Did you know that the projet consulted with community to identify the needs of PWDs?
6. What kind of services were provided by the project?
7. How the project is addressed PWD issues?
8. How did the project support to improve rights of PWDs? Access to health services?
9. How did you engage in the project?
10. What information did you receive through the project?
11. Can you express current situation of PWD in Myanmar as you know?
12. What are the challenges you have and needs you have?
13. What kind of institutions/organizations are essential for CBD/DRL?
14. How much of seed grant did your SHG receive?
15. What trainings did you attend? Which are they? What do you think that trainings helped you to what extent?
16. Has your income improved compare with last 3 years ago? (If necessary)
17. How do you think that the project was relevant to current situation of PWDs in Myanmar? and why?
18. How community based organizations were strengthened on providing PWDs services?
19. What challenges, gaps, opportunities are found in the sector/work or context?
20. What would you like to suggest to address this properly?
21. What do you think that what kind of project activities that make more lasting impacts?
22. Have local knowledge and resources have been used?
23. What would you like to recommend to this project?
24. What would you like to say the project donors?

KII with government staff or teachers

1. What is your name and your role in the community please?
2. What do you know about the project?
3. Which organization is implementing this project?
4. Who is the project staff are you working with?
5. Did you know that the projet consulted with community to identify the needs of PWDs?
6. What kind of services were provided by the project?
7. How the project is addressed PWD issues?
8. How did the project support to improve rights of PWDs? Access to health services?
9. How did you engage in the project?
10. What information did you receive through the project?
11. Can you express current situation of PWD in Myanmar as you know?
12. What are the challenges you have and needs you have?
13. What kind of institutions/organizations are essential for CBD/DRL?
14. What trainings did you attend? Which are they? What do you think that trainings helped you to what extent?

15. How do you think that the project was relevant to current situation of PWDs in Myanmar? and why?
16. How community based organizations were strengthened on providing PWDs services?
17. What challenges, gaps, opportunities are found in the sector/work or context?
18. What would you like to suggest to address this properly?
19. What do you think that what kind of project activities that make more lasting impacts?
20. Have local knowledge and resources have been used?
21. What would you like to recommend to this project?
22. What would you like to say the project donors?