



# FINAL REPORT

REVIEW OF THE PROJECT ENTITLED “ACCESS TO PROTECTION, EDUCATION AND HEALTH FOR CHILDREN WITH DISABILITIES AND OTHER VULNERABLE CHILDREN IN NORTH GONDAR ZONE, AMHARA REGIONAL STATE”

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# CONTENTS

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ACRONYMS.....	2
EXECUTIVE SUMMARY .....	3
1 SECTION ONE: BACKGROUND AND INTRODUCTION .....	7
1.1 INTRODUCTION.....	<b>Error! Bookmark not defined.</b>
1.2 OVERVIEW OF THE PROJECT .....	7
1.3 RATIONAL AND OBJECTIVE OF THE PROJECT REVIEW .....	8
1.4 SCOPE OF THE PROJECT REVIEW .....	9
2 SECTION TWO: METHODOLOGY .....	10
2.1 design.....	10
2.2 Study population.....	10
2.3 SAMPLING STRATEGY.....	10
2.4 METHODS OF DATA COLLECTION .....	10
2.5 DATA ANALYSIS.....	12
2.6 ETHICAL CONSIDERATIONS.....	12
2.7 LIMITATION OF THE REVIEW METHODOLOGY .....	12
3 SECTION THREE: FINDINGS AND DISCUSSION .....	13
3.1 RELEVANCE OF THE PROJECT IN MEETING THE EXISTING NEEDS OF CHILDREN WITH DISABILITIES(CwDs) AND OTHER CHILDREN WITHOUT APPROPRIATE CARE(CWAC) 13	
3.2 REVIEW OF PROJECT COMPONENTS AND ITS WORK ACROSS SECTORS .....	16
3.3 RESULTS, ENABLERS, BARRIERS AND LESSONS LEARNT FROM THE PROJECT .....	23
3.4 SUSTAINABILITY ISSUES AND LESSONS LEARNED .....	40
4 CONCLUSION AND RECOMMENDATION.....	51
4.1 Conclusion .....	51
4.2 RECOMMENDATIONS .....	52
ANNEX: DATA COLLECTION TOOLS.....	53

# ACRONYMS

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<b>CBR</b>	<b>Community Based Rehabilitation</b>
<b>CCC</b>	<b>Community Care Coalition</b>
<b>CWAC</b>	<b>Children Without Appropriate Care</b>
<b>CwDs</b>	<b>Children with Disabilities</b>
<b>DPO</b>	<b>Disabled People Organization</b>
<b>FGD</b>	<b>Focus Group Discussion</b>
<b>GBV</b>	<b>Gender Based Violence</b>
<b>HEW</b>	<b>Health Extension Workers</b>
<b>HIV/AIDS</b>	<b>Human Immune Virus/Acquired Immune Deficiency Syndrome</b>
<b>IGA</b>	<b>Income Generating Activities</b>
<b>ILO</b>	<b>International Labor Organization</b>
<b>KII</b>	<b>Key Informant Interviews</b>
<b>OVC</b>	<b>Orphan and Vulnerable Children</b>
<b>SCN</b>	<b>Save the Children Norway</b>
<b>UNESCO</b>	<b>United Nations Educational, Scientific and Cultural Organization</b>
<b>UoG</b>	<b>University of Gondar</b>
<b>WHO</b>	<b>World Health Organization</b>

## EXECUTIVE SUMMARY

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### BACKGROUND

Save the Children has worked in partnership with the University of Gondar since 2005 to identify and protect vulnerable children, especially CwDs. The project entitled “Access to Protection, Education and Health for Children with Disabilities and Other Vulnerable Children in North Gondar Zone, Amhara Regional State, Ethiopia” has worked with communities, teachers and government service providers to improve the lives of CwDs and other children without appropriate care. It has been implemented in nine Kebeles in Lay Armachiho with a resource center at the University. There has also been a program in Chilga woreda implemented in partnership with Handicap National (new name Birhane Lehitsanat). This project was phased out in 2014. The goal of the CBR program/project is to improve the living standards of children and youth with disabilities living in North Gondar zone ensuring their access to basic services and opportunities to enable them become active contributors and participants in their communities. Save the Children commissioned a review of the project from March 20- April 10, 2017. The main purpose of the review was to describe the cross thematic model (mainly child protection and education), document the results of the project, gather lessons learnt and ensure learning across the organization. The scope of the review was also limited to understanding the project model and approach and assessing opportunities for sustainability to ensure learning and project effectiveness. The review was not intended to evaluate the project with regard to effectiveness, efficiency and other evaluation parameters.

### METHODOLOGY

The project review employed a cross sectional descriptive study design that employs mainly qualitative data collection and analysis techniques. Qualitative methods were used mainly because the main purpose of the assignment was to review project progress and document learnings in relation to sustainability, replicability, lessons learnt and related issues and not to evaluate project performance. The population of the project review was the direct and indirect beneficiaries of the project (parents, care givers, vulnerable children, especially children with disabilities) and project stakeholders including teachers, service providers in government and non-government organizations, relevant sector offices at zonal, woreda and kebele level as well as implementing partners including the University of Gondar and Birhane Lehitsanat (the former Handicap National). Different participatory methods including key Informant interviews, Focus Group Discussions (FGDs) and child led participatory methods such as impact drawings, ‘H’ assessment and body mapping exercises were carried out to collect information pertinent to the review objectives. Conclusions for this project review findings were made based on qualitative data that was agreed by the majority of the participants and key informants. For instance, when we report saying “most of the participants reported that.....,” it means that more than half of the focus group discussion participants have agreed on the idea.

### MAIN FINDINGS

#### **CBR Project Components and cross thematic model**

The CBR project has managed to implement all the globally recommended components which are health, education, livelihood and social protection and empowerment. Furthermore, both individual support and mainstreaming (systemic change) interventions were implemented by the project to ensure that CwDs, their parents/care givers and other vulnerable children have access to holistic and integrated services and opportunities to enable them become active contributors and participants in their communities. In terms of how the different project components (health, education, social protection and livelihood) interact and generate feasible dynamics, the review found that there is a significant synergy between the awareness related

project interventions on the one hand and the support package on the other being access to health services, education, economic opportunities and rehabilitative work for the individual children with their families.

### **Intersectoral Linkage**

The review also looked at how the project is functioning to ensure intersectoral linkage and whether there are any specific dynamics generated because of activities pursued to promote intersectoral linkages. The findings indicated that the CBR project has done quite an important job by persuading sector offices to pay attention to child protection issues and at the same time mainstreaming these issues with their day-to-day activities. However, the result from the promotion of intersectoral linkages among key sectors and create synergy to address disability issues in a coordinated and sustainable manner is yet to come. Furthermore, the projects effort and activity related to advocacy to influence systemic changes among key sector offices seems to be an area of improvement.

### **Improving the Health Condition of CwDs**

In order to contribute to efforts to improve the health condition of CwDs, the CBR project designed and implemented different intervention activities in the targeted Kebeles. As a result, the situation of children with disability with respect to hygiene practice has significantly improved. Furthermore, the provision of medical treatment such as physiotherapy and assistive devices like wheelchair & crutches has improved the health situation and mobility of CwDs. The health promotion and awareness creation activities being implemented in the CBR project involved successful efforts to curb the existing stigma and discrimination towards children who are infected and affected by HIV/AIDS. To this end, the awareness improvement activities have brought significant positive change in attitude and behavior in this regard.

### **Improving awareness and Social Integration**

One of the most important results achieved by the project is the change on the longstanding negative view of the community toward CwDs and their parents/ caregivers and its positive influence on the parents to avoid keeping their children from public sight. The project also proved that the social mobilization component of the CBR has a spill over effect on other non CBR areas as it was evidenced from this project review. Because of the projects effort, the community is adopting the custom of reporting to the police or to any other relevant agency of any child abuse including those of CwDs they may come across with. With regard to education, the project played key role in the initiation of enrollment of CwDs in to schools. Because of the support provided by the project, children with visual and hearing impairments have managed to attend formal schooling. The project is also playing a significant role in meeting the existing needs of CwDs and other vulnerable children and eventually boosting their socio-economic status. The project has initiated a small grant scheme through which parents / caregivers of CwDs were given seed money to start any business which they believed is profitable or cost effective. These people are now getting good profit from their investment on viable business enterprises and improving their socio-economic status. Thanks to the project, many of these poor household are sending their children to school and can now afford the medical expense for their family.

### **Partnership and Participation**

Regarding partnership, the review found that the CBR project is working closely with various stakeholders both at the community and government level and the project has created a seemingly structure that has involved the key stakeholders. However, the various stakeholders seem to have a loose relationship and the synergy amongst the existing stakeholders is not active and cohesive. This could be mainly because of lack of formal arrangements, such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners' involvement. Furthermore, the seemingly absent clear definition of the nature and form of partnership with and among key stakeholders and clearly defined roles and shared responsibilities of each could have contributed to the limited availability and functionality of a systemic partnership. The project has implemented several activities to ensure participation of CwDs, their parents and care givers as well as the

community in its project related activities. However, the effort made to ensure participation at design and planning stage as well as monitoring and evaluation appears to be an area that requires strengthening. Furthermore, the projects effort to ensure participation of children with various disabilities, especially those with intellectual challenges was found to be minimal.

### **Sustainability**

The review in Lay armachiho/Tach armachiho indicated that the project has put in place several approaches that will promote opportunities for sustainability. The use of effective leadership in management of the project in general and the high credibility and trust associated with the University of Gondar as a lead institution in the CBR project is one opportunity to ensure sustainability. Furthermore, the projects investment on capacity building and mainstreaming both at community level and government sector offices are believed to boost opportunities for sustainability. In addition, the community ownership of the project and its causes that is being developed in the community coupled with the socioeconomic improvement of families and care givers because of the IGA support provided by the project can also play a key role in ensuring the sustainability of the project outcomes. However, the project needs to re-strategize its partnership approaches to make sure that a functional and system based partnership is created with and among the key stakeholders to maximize opportunities for sustainability. Furthermore, efforts that cater to the use and mobilization of local resources need to be strengthened.

Regarding Chilga woreda, the review showed that some of the awareness creation activities that were implemented by the project have somehow sustained because the key agents in the community from the church and other social associations are still providing information to parents about disability and are encouraging new parents who give birth to a child with some disability to take their child to institutions where they can get basic health and social services. Furthermore, key informants reported that the projects efforts to strengthen the socio-economic condition of families of children with disabilities has succeeded and sustained even after the project has phased out. The review also showed that the woreda education office is taking actions to ensure sustainability of the project outcomes by allocating budget to reach CwDs who didn't benefit from the project because they were situated in geographically inaccessible kebeles.

Livelihood improvement and economic empowerment interventions, Capacity Building Trainings provided to the health and Education Sector offices, the enhanced Collaboration and partnership created with key sector offices and the focus given to improving community awareness and perception on disability were among the main reasons that contributed to sustainability of some of the project interventions and outcomes in Chilga woreda

### **Recommendations**

In order to strengthen effectiveness of the project and ensure sustainable outcomes, the following recommendations need to be considered for planning and action

#### **Save the Children and University of Gondar should**

- consider investing more on capacity building of the system rather than individuals who are replaced every now and then can be a viable approach to ensure better sustainability.
- reconsider the projects approach to create a functional and systemic partnership with key stakeholders among others by setting up formal arrangements such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners' involvement. Furthermore, the nature and form of partnership required with each stakeholder and among stakeholders need to be clearly defined and roles and shared responsibilities of each should be outlined.
- consider advocacy efforts at different levels to influence systemic changes to mainstream disability and other child protection issues in addition to its capacity building activities targeting individuals in key government sectors.

**University of Gondar should**

- make effective use of the social science departments at Gondar University (such as sociology, psychology, etc.) to improve access to social support such as counseling, psychotherapy etc. for CwDs and other children without appropriate care.
- Strengthen interventions to promote participation of CwDs, CWAP and the community at project planning and monitoring phases as the focus so far seems to be participation at implementation phase.
- promote volunteerism and integrate voluntary service as part of its community level activities by setting up a targeted and contextualized strategy and plan to promote volunteerism in support of the CBR program.
- consider ways to work with the woreda microfinance office and link the existing women IGA and saving groups with the woreda microfinance structure so that they will have better access to business opportunities

**University of Gondar and Woreda Health, Education and Women Affairs Offices should**

- strengthen interventions to ensure adequate use and mobilization of local and self-generated resources including from the local government, the community, stakeholders and others to expand opportunities for sustainability
- strengthen interventions to initiate and strengthen partnerships with local institutions such as the Technical and Vocational education and training institutions to ensure that the spare parts for assistive devices are produced locally and accessed to the beneficiaries locally with affordable cost.
- outline sustainability plans and strategies for the CCC on how they will continue to integrate project activities and outcomes in their operation and sustain the project outcomes as well.

# I SECTION ONE: BACKGROUND AND INTRODUCTION

## I.1 BACKGROUND

Community Based Rehabilitation (CBR) is defined in 2004<sup>1</sup> by the International Labor Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and World Health Organization (WHO) as “a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services.” The major objectives of CBR are:

- To ensure that people with disabilities are able to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large.
- To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation.

The CBR matrix presented below summarizes the five main components of CBR and their subsidiary elements:

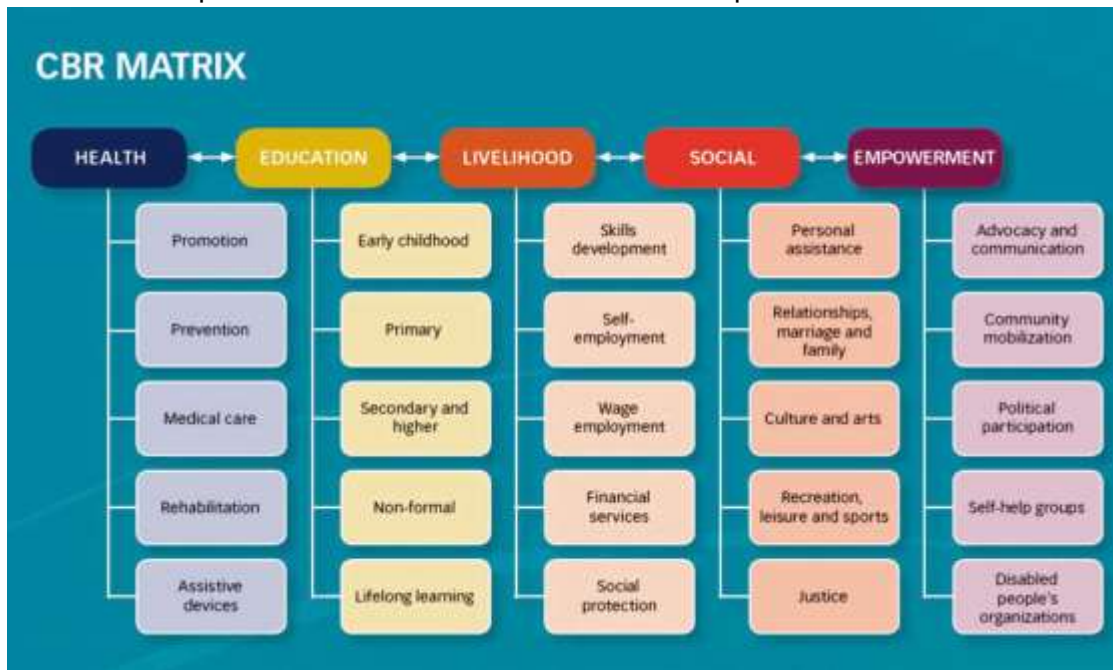


Figure 1: The CBR matrix (Adapted from WHO, 2004)

## I.2 OVERVIEW OF THE PROJECT

Save the Children is the world’s leading independent organization for children. Its Vision is a world in which every child attains the right to survival, protection, development and participation. Its mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.

<sup>1</sup> **World Health Organization 2004:** CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper



The new save the children global strategy 2016-2018 places a strong focus on the children who have been left behind by recent social and economic gains. To reach these children, Save the Children has committed to consciously and deliberately putting the most deprived and marginalized children first in our own work and advocate for others to do the same. In line with this, disability is one of the three cross cutting issues in the global strategy. The organization has decided that 2016-2018 is a disability capacity building period and envisages that inclusion of children with disabilities will be mainstreamed across programs from 2018 onwards.

As one of the 30 national members of Save the Children, Save the Children Norway (SCN) has highlighted the inclusion of marginalized children, including Children with Disabilities (CwDs) in its current strategy (2014-2018). In 2015 Save the Children Norway commissioned an external review of its experience, knowledge and capacity regarding the inclusion of CwDs to increase the internal knowledge and provide future directions for the work on CwDs. One of the key recommendations from this review was that Save the Children needs to improve documentation and learning from its existing programs and use this to more systematically improve inclusion of CwDs in our programs and advocacy.

Save the Children Norway has supported several projects and programs that especially aim to include CwDs. The project in North Gondar is one of these projects. A review and documentation of the results, program model and lessons learnt of the project in North Gondar will be a step in improving documentation and learning from the organizations work for CwDs.

Save the Children has worked in partnership with the University of Gondar since 2005 to identify and protect vulnerable children, especially CwDs. The project entitled “Access to Protection, Education and Health for Children with Disabilities and Other Vulnerable Children in North Gondar Zone, Amhara Regional State, Ethiopia” has worked with communities, teachers and government service providers to improve the lives of CwDs and other children without appropriate care. It has been implemented in nine geographical areas (9 Kebeles) in Lay Armachiho with a resource center at the University. There has also been a program in Chilga woreda implemented in partnership with Handicap National (new name Birhane Lehitsanat). This project was phased out in 2014. The program has had five phases which have been funded in the following periods: 1/2005-2008 2/2009-2010 3/2011-2012 4/2013-2014 5/2015-2018. The goal of CBR program/project is to improve the living standards of children and youth with disabilities living in North Gondar zone ensuring their access to basic services and opportunities to enable them become active contributors and participants in their communities. The specific objectives of the CBR program are the following

- To improve the health condition of Children with Disabilities(CwDs) and those without appropriate care(CWAC)
- To improve social integration and participation of CwDs and CWAC
- To improve the level of awareness regarding child wellbeing issues in community groups and concerned bodies
- To reduce the prevalence of violence, abuse, neglect, and exploitation of children
- To improve the involvement of government regarding child wellbeing issues for CwDs and CWAC

The most recent phase of the project in lay Armachiho has been funded over the new 2015-2018 Norad framework agreement. The goal of the 2015-2018 project is to improve the wellbeing of children at high risk in Lay Armachiho Woreda of North Gondar Zone by ensuring their access to basic services and opportunities to enable them to become active contributors and participants in their communities.

### **1.3 RATIONAL AND OBJECTIVE OF THE PROJECT REVIEW**

The main purpose of conducting this project review was to describe the cross thematic model (mainly child protection and education), document the results of the project, gather lessons learnt and ensure learning across the organization. The specific objectives of the review were to

- Capture the core components of the project, especially how the project works across sectors and tools being used

- Document the results of the project, lessons learnt, main challenges and the factors determining success
- Assess and document the work related to partnership and children's participation
- Assess the sustainability of the project and give advice on replicability of the project components for other countries to consider

#### **I.4 SCOPE OF THE PROJECT REVIEW**

The scope of the review is the CBR projects in North Gondar Zone financed with SCN funding since 2009. The CBR project is being implemented in partnership with the University of Gondar in eight kebeles in Lay Armachiho and Tach Armachiho woredas namely Tikildingay, Shumera Lomiye, Aykwachank, Kanfenta, Jaha, Mahin, Chirambezo and Janikaw kebeles. Therefore, the geographic scope of the review includes four kebeles selected from the eight project kebeles in Lay Armachiho/ Tach Armachiho. Furthermore, two kebeles (Aykele 01 and Aykel 02) in Chilga woreda of North Gondar zone in which a CBR project was previously implemented in collaboration with Birhan Lehitsanat were also covered in this review. The technical scope of the project review includes assessment of the core components of the project and how the project works across sectors, assessment of the intended and unintended results of the projects and lessons learned, challenges encountered and the enablers and barriers related to project results, assessment of the partnership and children participation issues and assessment of the sustainability of project results and replicability of the project and its interventions in other areas and suggest recommendations for replication.

## 2 SECTION TWO: METHODOLOGY

### 2.1 DESIGN

The project review employed a cross sectional descriptive study design that mainly employs qualitative data collection and analysis techniques. Qualitative methods were used mainly because the main purpose of the assignment was to review project progress and document learnings in relation to sustainability, replicability, lessons learnt and related issues and not to evaluate project performance.

### 2.2 STUDY POPULATION

The population of the project review was the direct and indirect beneficiaries of the project (parents, care givers, vulnerable children, especially CwDs) and project stakeholders including teachers, service providers in government and non-government organizations, relevant sector offices at zonal, woreda and kebele level as well as implementing partners including the University of Gondar and Birhane Lehitsanat (the former Handicap National).

**Table 1: List of Sources of Information for the study, November 2016**

<b>PROJECT STAFF</b>	<b>PARTNERS AND COMMUNITY MEMBERS</b>	<b>STAKEHOLDERS</b>
<i>Save the Children staff at head office</i>	<i>Woreda Administration focal person</i>	<i>Children with disabilities and other vulnerable children</i>
<i>CBR Field workers at kebele level</i>	<i>Woreda Health Office focal person</i>	<i>Parents / care givers of children with disabilities and other vulnerable children</i>
<i>CBR Field Supervisor at woreda level</i>	<i>Woreda Education Office focal person</i>	<i>religious leaders/elders</i>
<i>CBR Coordinator</i>	<i>North Gondar Department of Labor and Social Affairs</i>	
<i>CBR Director</i>	<i>Woreda Women and Children Affairs Offices</i>	
<i>Birhan Lehitsanat Representative</i>	<i>School teachers/principals</i>	
	<i>Social Workers</i>	
	<i>Health Extension Workers</i>	
	<i>Disability/Representatives</i>	<i>School Club</i>
	<i>Community representatives</i>	<i>Child to Child</i>
	<i>Community Based Care and Support Coalition/CCC, Disabled People Organizations(DPOs)</i>	

### 2.3 SAMPLING STRATEGY

A purposive sampling method was used to select the key informants and Focus Group Discussants who participated in the review from the six study kebeles.

### 2.4 METHODS OF DATA COLLECTION

The following participatory approaches and tools were used to collect data from different sources in the study woredas.

### 2.4.1 Key Informants Interviews (KII)

The Key Informant Interviews were critical in getting in-depth qualitative information on the key issues examined in this review. Qualitative data was collected to assess how the project works across sectors, the results of the projects, lessons learned, challenges encountered and the enablers and barriers related to project results, the partnership and children participation issues and the sustainability of project results and replicability of the project and its interventions in other areas. Key informant interviews were held with representative of relevant sector offices at zonal, woreda and kebele level. Key informant interviews were also held with project stakeholders and representatives of implementing partners and SCI staff. A total of 23 key informant interviews were carried out.

### 2.4.2 Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) helped to ascertain information obtained from KIIs and showed the group dynamicity on the issues pertinent to the project review. FGDs were held to assess the results of the projects, challenges encountered and the enablers and barriers related to project results, children participation issues and the sustainability of project results. Non-structured FGD guides (see annex) were used to facilitate the FGDs for this assignment. FGDs were conducted with project target beneficiaries including children at high risk (especially those children with Disabilities) parents and care givers of children at risk. A total of eight focus group discussions were conducted with the project beneficiaries in which one homogenous group included 6-10 participants.

### 2.4.3 Child led Participatory Methods

The following fun and participatory methods were used to gather information from children and young people who directly and indirectly benefitted from the project.

- **Impact drawings:** This method was used to explore the different outcomes that the project has produced and the relations between these outcomes as perceived from the beneficiary's side i.e. children at high risk (especially children with disabilities).
- **The "H" Assessment:** This method was used to review the project by highlighting the positive and negative aspects or effects of the project and asking for suggested improvements.
- **Body Mapping:** This method was used to explore children's views and experiences with regards to the different ways in which the project has affected their lives and analyze and record disaggregated information concerning the experiences of children with different types of disabilities and other children at risk about their perceived effect of the project on their life.

### 2.4.4 Document Review

Available secondary data was collected on the key project outcomes and indicators. Service delivery reports and studies carried out by the relevant sector offices at zonal and woreda level were reviewed and assessed.

### 2.4.5 Case Studies

Case studies were conducted to create a comprehensive and systematic picture of the situation of a child who benefited from the project.

### 2.4.6 Observation

Unstructured observations were carried out to gather relevant data that helps to understand people's behaviors and interactions and the context in which the project or program operates.

## **2.5 DATA ANALYSIS**

The audio recorded KIs and FGDs was transcribed and translated into English. The qualitative data analysis involved thematic coding of transcribed and translated in depth interviews and focus group discussions. A hybrid coding approach which includes the process of creating pre-set and emergent codes was used for this review. Additionally, ideas, concepts, actions, relationships, meanings, etc. that come up in the data and are different than the pre-set codes were used as the emergent code. Data was analyzed and compiled using a thematic approach by conducting an ongoing content analysis. Data analysis based on various strategic options was utilized. Emerging themes were developed from the expanded interviews and discussions. Conclusions for this project review findings were made based on qualitative data that was agreed by the majority of the participants and key informants. For instance, when we report saying “most of the participants reported that.....,” it means that more than half of the focus group discussion participants have agreed on the idea.

## **2.6 ETHICAL CONSIDERATIONS**

The following considerations were made by the field team while selecting, contacting and interviewing children for this project review. All field team members ensured that Child Safeguarding policy and principles of SCI are respected always and all work carried out in relation to this project review is in line with the Child Participation Practice standards of SCI. All study participants were informed about the purpose of the discussions and that participation is always safe and voluntary. As much as possible, participatory, interactive and fun methods were used while conducting discussions with children in the project sites.

## **2.7 LIMITATION OF THE REVIEW METHODOLOGY**

The review followed qualitative approaches of data collection and analysis such as key informant interviews and focus group discussions as the main methods. Thus, adequate quantitative data was not gathered to substantiate the findings from the data captured through qualitative methods. Qualitative methods were used mainly because the main purpose of the assignment was to review project progress and document learnings in relation to sustainability, replicability, lessons learnt and related issues and not to evaluate project performance. Thus, the findings of the review that are especially related to results of the CBR project need to be cautiously understood and interpreted in the context that additional quantitative data is required as an evidence base.

### 3 SECTION THREE: FINDINGS AND DISCUSSION

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#### 3.1 RELEVANCE OF THE PROJECT IN MEETING THE EXISTING NEEDS OF CHILDREN WITH DISABILITIES(CwDs) AND OTHER CHILDREN WITHOUT APPROPRIATE CARE(CWAC)

The situation of children and youth with disabilities and other children without appropriate care in the project target area was very worse at the onset of the project (2009) compared to now when the review was conducted (2017). This was mainly because the level of awareness of the community about disability was very low that it contributes to the exclusion of families of children with disabilities. The majority of parents of children with disabilities were also uneducated and had very low awareness about disability and rehabilitation. This has significantly limited the contribution of the community in the efforts to promote the inclusion of children with disabilities and their families in the community and led to the situation in which these children were excluded from school, health service and from social life in their community. Thus, children with disabilities were hidden in their house and liable to any sort of abuse. A key informant stated the following regarding the lack of awareness and consequent stigma prevailed in the project areas a couple of years ago

“...parents prevent their CwDs from leaving the enclosed or limited space within their home compound. If they make their children public they are afraid of being discriminated against and labeled as the mother of “gud wolaj” (a mother who gave birth to a cursed and surprisingly unique child) by the community. Sometimes these parents go to the extent of intimidating the social workers. Particularly those children who are mentally challenged face harsh mal-treatment by their parents because they are considered to be the cause for lack of acceptance of the parents by the community. But now the situation is gradually improving...”

Before the project was started, most children with disabilities especially children with intellectual challenges could not keep their body clean and the impact of this was disastrous both to their physical, emotional and social wellbeing. To the dismay of the entire community, CwDs could not get adequate food and other essential supplies due to rampant poverty in the area. Until very recently children who are mentally challenged have been discriminated against by the larger community and were even neglected by their biological parents. Hence, children with disabilities in general and those with intellectual challenges in particular were completely lacking in their first line of protection and were not provided with proper nutrition. A key informant stated the situation of stigma and discrimination against children with intellectual challenges as follows

“...these children were confined in an enclosed or limited space inside the home because of fear of discrimination. Highly offensive descriptive words or phrases were attached against the biological parents of CwDs. Hence, they were not willing to make the problem public and send their children to schools...”

Understanding the existing reality and challenges facing children with disabilities and other vulnerable children, the CBR project was initiated to provide CwDs, other vulnerable children and their parents / caregivers with basic requirements including but not limited to educational and health services as well as child protection. A

mother of a child who benefited from the project commented the following on how community awareness about CwDs and other vulnerable children has changed as a result of the project

“... Before the commencement of the project, our children spent the whole day in their home. There was no opportunity for them to attend schooling. They did not have a chance to chat or play with their peer group or people of the same standing in age. Before the project, CwDs were not revealed to other people because of the stigma attached to the problem. We now know that disability is not attributed to bad luck, sin, divine damnation, evil spirit and curse. We are no more discriminated against on account of the physical or mental disability of our children. The community is now aware that every one of us can face the same problem in our life time. We are sure through their interaction with the larger community our children can be educated and value their life despite their disability...”

Child participatory exercises ( H assessment and Body mapping) carried out with children with disabilities also indicated that the project has benefited these children in various ways. Better psychosocial well being ( happiness), better access to information and education opportunities, improved mobility and improved socioeconomic life in the family were among the main benefits reported by the participants. Some participants reported that the support they received from the project has brought better social participation and happiness in their life. A child with a disability in Tikil Dingay reported the following on this

“... I grew up in a small rural town where people had negative perception against children and even adults with a disability. As a result, my mother always kept me at home and I was not allowed to play with kids or see anyone outside of the family. I was always sad. It was after we moved to this town that I started receiving support from the project. Now, I can get out of home and I am even attending my education. I can play with peers in the neighborhood and I am happy. I learned that any person with a disability is equal with any other person without a disability. I ask the project to continue its support and if possible extend its reach to rural kebeles and support those children who couldn't get the opportunity that I have today...”

Similarly, beneficiary children reported that they are promised that they will get a soccer game from the project and they can't wait until it happens as, according to them, they will get the chance to play foot ball with their peers in the neighborhood and even in school. Other children with physical disabilities also reported that they have received assistive devices such as wheelchairs and this has improved their mobility, community interaction and even their livelihoods A beneficiary child stated the following

“ The project provided me with a wheelchair. As a result, I can go any where I want. I have even started my own small business that generate income for me after I got the wheelchair. I also attend my education and even meet with friends and visit relatives whenever I want because of the wheelchair. The only problem I have is the, limited access to spare parts for my wheelchair nearby.”

The project also formed school disability clubs in which children with disabilities participate. Such school structures have created better opportunities for CWDs to participate in community awareness activities that promote participation of CWDs in disability promotion activities. A child with disability involving in a disability club activity reported the following

“...I am a member of the school disability club. We produce and present drama about children with disabilities. We also invited parents and educated them about disability and presented poems to raise their awareness about disability. The poem and the drama we produced and presented focus on how children with disabilities should be treated equally and have access to education opportunities like other children...”

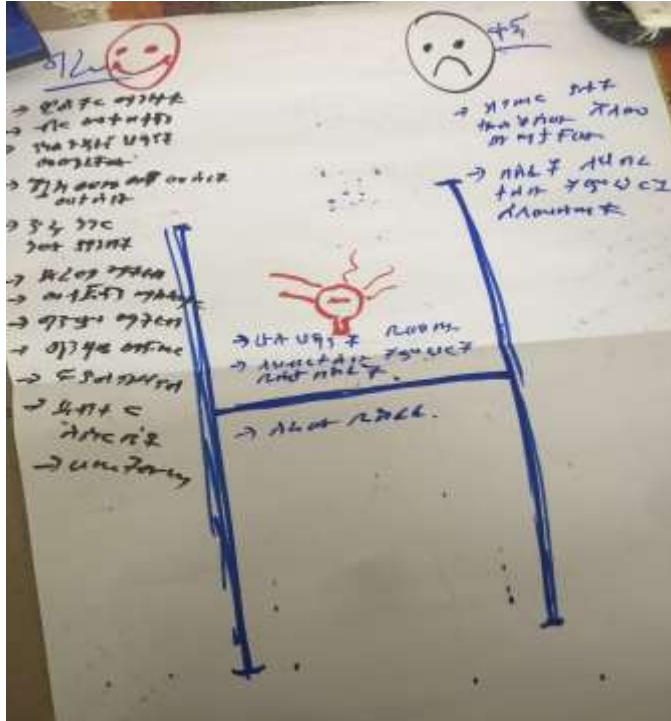


Figure 4: A sample of "H Assessment" exercise" conducted in lay Armachiho/Tach Armachiho, 2017



Figure 3: A sample of "body mapping" exercise conducted in Lay/Tach Armachiho.

The project was also relevant in meeting the socioeconomic and psycho social needs of the target beneficiaries. Some of the project beneficiaries have managed to improve their life and that of their children because of the hard work subsequent to disbursement of loan fund by the project and initiation of IGAs. Thanks to the project, caregivers/ parents of CwDs can freely participate in all activities that affect the social and economic life of their community. They can attend wedding ceremonies, funeral processions and any other ritual.

The project was also instrumental in getting children enrolled in schools and in dealing with the dishonor they have been experiencing for quite a long period. Children who are physically challenged can now move from one place to the other by wheelchair. All these achievements were made possible through the effort of CBR project. The project is having significant bearing in meeting the existing needs of CwDs and other vulnerable children and eventually boosting their socio-economic status. Moreover, the children and their parents have developed the confidence to ask for the protection of their rights. Children are no more kept out of public sight because of the challenges they are experiencing and their parents are no more ashamed of the same to which they are not to blame. The project also addressed the needs of target children for protection from different forms of violence, abuse and exploitation that they experienced prior to its implementation by strengthening community wide awareness raising efforts and establishing and strengthening community based child protection committees.



Generally, CwDs and their parents'/care givers and other vulnerable children now have better access to basic services including education, health care and child protection. Due to intensive awareness given to their parents, most of CwDs have started to make effective use of the available services. Unlike in the past when CwDs were kept in undisclosed places inside their homes, the situation of these children in terms of having access to social services and legal protection is gradually improving. Children who previously were unable to walk can now move from one place to another by using wheelchair and other types of assistive devices. The project was highly relevant in meeting the existing needs of CwDs, other vulnerable children and their parents or care givers.

## **3.2 REVIEW OF PROJECT COMPONENTS AND ITS WORK ACROSS SECTORS**

### **3.2.1 Projects Use of a Twin Track Approach Including Mainstreaming and Individual Support in Each Project Component**

The CBR project has managed to implement both mainstreaming activities as well as individual support activities to improve the situation of children with disabilities, their parents'/care givers and other children without appropriate care living in North Gondar zone. This was made possible by implementing both mainstreaming and individual support activities to ensure their access to basic services and opportunities to enable them become active contributors and participants in their communities.

Mainstreaming activities ensure that people with disabilities can fully participate and be supported to do so within each development sector, i.e. within the health, education, livelihood and social sectors. Mainstreaming activities are accompanied by specific measures, e.g. reasonable accommodation to ensure access to equal opportunities. Individual support on the other hand refers to the different range of services provided by the CBR program for children with disabilities and their parents/ care givers as well as other vulnerable children. Most of the activities associated with service provision are implemented by CBR personnel. Activities range from identification of people with disabilities and referrals to specialized services to the provision of basic rehabilitation and provision of simple assistive devices. This section presents the findings of the project review focusing on how the project managed to integrate both individual support and mainstreaming activities across various CBR components. i.e. education, health, social protection and livelihood

#### **3.2.1.1 Education Component**

##### **- Individual Support**

The project supported the education of children with disabilities and other vulnerable children by distributing educational materials, school uniforms, wheel chairs and crutch and worked with the woreda education office to ensure that there is strict supervision on whether the materials are used for the intended purpose. CwDs, Children from poverty stricken households (the poorest of the poor), children who have lost either of their biological parents to HIV and AIDs as well as children who have been displaced and migrated from other areas to Lay armachiho woreda were provided with essential educational materials by the project.

##### **- System Strengthening**

The project is being implemented in collaboration with the woreda education office. The project has carried out various activities to mainstream disability issues and activities in the woreda education system. In order to improve accessibility of schools for CwDs, one Montessori class was established by the project in which hundreds of children with disabilities and other children are benefiting. Furthermore, school teachers got trainings on Montessori class utilization, sign language and Braille to ensure optimal communication with children with hearing and visual impairment. These teachers have been serving as resource person trainers in their localities. The woreda education office also organized training programs to the target population on how

they should make proper and effective use of the educational materials given to children with disabilities and other vulnerable children.

The projects effort to mainstream child protection issues in the education sector seems to be fruitful as the school community including school principals, teachers, school clubs and others are engaged in encouraging communities to send their children to school and not to deny their children from coming to school as they will be legally liable if they failed to respect the basic rights of their children including their rights to education. The school community is also working to make sure that, all children in the school enjoy equal rights regardless of their age, sex and social standing. The other action that show schools commitment to mainstreaming of child protection issues is their increased role in the prevention of child marriage by raising parental awareness about the implication of marrying of their daughters before they attain age of maturity. A key informant from the education office commented the following on this

“...We collect information from the children if their parents are planning to marry them off without their consent and before they reach the legally recognized age of marriage. We immediately act if anything that jeopardizes the interests of the children in question happens. If we come to know any engagement or agreement for marriage, then the two prospective partners and their respective parents are advised to either postpone or cancel the marriage contract. This type of arrangement is part and parcel of the CBR project. We undertake surveillance for the existence of abandoned or neglected children in the woreda. If there is any we advise or teach the caregivers to make him known by the public...”

The project also supported establishment and strengthening of disability school clubs in the project area and the school clubs have been supported with various trainings and materials to perform activities such as dramas to promote child participation.

### **3.2.1.2 Child Protection and Empowerment Component**

#### **- Individual Support**

The project has changed the negative attitude of the community towards CwDs. To this end, it has deployed the necessary workforce that gives social support to CwDs and their parents through home-to-home visit. After the intervention, the community has become aware about the cause of disability and that most CwDs are creative and perform extraordinary things if they are allowed to participate in the social life of the community and are not discriminated against. Through awareness raising activities, the project has successfully dealt with the prejudice that was widely practiced by the community against CwDs and shown to the community that disability does not mean inability. Celebration of International Disability Day and African Child Day, community member’s awareness raising trainings and workshops, coffee ceremonies, annual school sensitization events, mass awareness activities on available wellbeing and response services and monthly community conversation/dialogue activities were among the main awareness raising activities implemented by the project. A key informant stated the following on the projects effort to raise awareness on disability issues among community members, parents and care givers and the results achieved with regard to better protection of children with disabilities and other vulnerable children in the project areas

“...The community attributed every problem to evil spirit and curse. Thanks to the project, community negative attitude towards disability has significantly reduced. The target population has for the first time started to consider themselves full member of their community and to enjoy life...”

## **System Strengthening**

With regard to strengthening the system for child protection and empowerment, the project has worked with the Woreda Women and Children Affairs Office as well as the North Gondar Zone Labor and Social Affairs Department. The review showed that the project has implemented several capacity building activities to raise awareness of the women and child affairs and social affairs office representatives to enhance their awareness about disability related issues to be mainstreamed in the sector and raise their commitment level to support implementation of the project activities. The capacity building efforts were effective in raising awareness and enhancing motivation of key government officials on the issue. A representative of the woreda government office commented the following

“...I have come to know about the project after I joined this office just one year ago. I have also taken part in a training program about the project and what it is doing. I am now serving the Women and Children Affairs Office as an expert. I should say that, with our facilitative role, the Police are playing significant role in protecting the rights of CwDs by bringing child abusers to a court of law so that Justice will be served...”

Strengthening the capacity of Community Care and support Coalitions(CCCs) through trainings was also another system strengthening and disability mainstreaming intervention carried out through the project. The committee is made of different individuals from government sector offices and religious leaders. There are 27 CCCs across the woreda. The group plays a key role in mobilizing the community to open a conversation on child disability, the problem associated with it and eventually to improve the condition of kids who are rejected both by their biological parents / caregivers and the community at large. These groups have managed to collect money from the community to be used for alleviating the problems of the children in question. Accordingly, the groups in the project target kebeles in Armachiho are using part of the money to send sick children to Gondar town for higher medical care and treatment. In fact, they are doing important job in this regard. The project is trying to mainstream child protection issues in the regular duty of the CCCs.

### **3.2.1.3 Livelihood Component**

#### **- Individual Support**

The projects interventions focusing on skills training in various areas, which addresses the needs and capabilities of children with special needs and the family broadens and brings economic opportunity. For instance, income-generating activities are most often channeled through adult women. With support from the project, grown up CwDs from poor households and their parents have established business of their own after having undergone capacity building training programs. They have also been provided with capital to kick off Income Generating Activities (IGAs). Most of the IGA beneficiaries have started engaging in local marketing, local beverages preparation like malting of grains, home gardening, production and cultivation of vegetables, sheep rearing etc. The project aspires to give lasting solutions to CwDs and their parents/ caregivers through the provision of money to set up their own business and not to rely on charitable free handouts for their survival.

### **3.2.1.4 Health Component**

#### **- Individual Support**

With the project support, CwDs who could not afford payment for health services were provided with medical treatment for free. Some of the CwDs are given home based physiotherapy treatment and in some cases in hospitals through referral by trained specialists in Gondar town and even in Addis Ababa. These treatments are given to those children with physical disabilities. The project also gives wheelchairs to children who are

unable to walk. CwDs who are seriously sick are referred to government hospitals in Gondar for advanced medical treatment. The project has also provided orphan and other vulnerable children (OVC) with medical care and treatment. The project has also done significant job in raising awareness to deal with the discrimination against people including children who are infected and affected by HIV and AIDS.

#### - **System Strengthening**

The project has closely worked with the Woreda Health Office and this has played a key role in the project's success with regard to its promotion and curative health interventions targeting project beneficiaries, especially children with disabilities. The review indicated that the coordination created between the project and the Health Office helped a great deal in launching child vaccination campaign against the various ailments in the woreda. A representative of the Woreda Health Office stated the following on the projects effort to mainstream disability issues in the daily routines of the woreda health system

“...Through home-to-home visit, I along with my workmates, give advice to parents / caregivers of CwDs to make their children known to the public and the government. I first came to know about the project through our health office. We were invited to take part in a training program that was organized by the CBR project during which time they told us in detail about their plan and objectives. They taught us how we need to address the negative and destructive mindset of the community toward CwDs and their parents/ caregivers. We were trained how to look for CwDs and convince their parents not to conceal or keep their children out of sight of others because of discrimination associated with the disability. Accordingly, we have managed to convince parents of CwDs to make their children's problem known to the public...”

### **3.2.2 THE PROJECTS WORK ACROSS SECTORS**

#### **3.2.2.1 LAY ARMACHIHO/TACH ARMACHIHO**

The project is working with various government sector offices including health, education, women and child affairs and social affairs offices. Both internal and external perspectives were considered in this review to assess the inter sectoral linkages and synergy. The internal perspective considered how separate project components (health, education, child protection and livelihood) interact and generate feasible dynamics. In this regard, the review found that there is a significant synergy between the awareness related project interventions on the one hand and the support package on the other being access to health services, education, economic opportunities and rehabilitative work for the individual children with their families. The rationale is for example that community members, families and schools need to be aware that children with physical disabilities can learn if they get the right assistive appliances and access to disability friendly schools. This should happen in a coordinated fashion so that the child can go to school and attend with other fellow children without any exclusion and violation of his/her rights. Then families can be engaged in IGA to sustain the income of the family and continue to take responsibility for the child and provide the necessary care at home, the child and family's health is monitored in coordination with the relevant service providers and stakeholders at the community level. The projects effort to ensure synergy and provide holistic and comprehensive support in this regard is commendable. This synergy was made possible mainly by the projects effort to create a coordinated mechanism through which its frontline field workers receive trainings together, participate actively in continuous Monitoring Evaluation and Learning activities. Furthermore, the nature of the project design that is based on recommendations for a holistic and comprehensive CBR project also contributed to the synergy observed with in the internal project components.

The external perspectives looked in to how the project functioned to ensure intersectoral linkage and whether there are any specific dynamics generated because of activities pursued to promote intersectoral linkages. The review showed that the CBR project has done quite important job by persuading sector offices to pay attention to child protection issues and at the same time mainstream these issues with their day-to-day activities. Because of these efforts, for instance, the police are doing effective job by bringing suspected child abusers to a court of law so that justice will be served in favor the victims. Schools are also doing significant work in dealing with child marriage. Because of the effort undertaken by pertinent sector offices in the woreda, many parents are no more marrying of their female children who are younger than the legal age of marriage.

Creating and strengthening intersectoral linkages is among the key strategies to ensure successful implementation and sustainability of any CBR project. Furthermore, intersectoral linkage has the benefits of joining resources together to deal with disability issues in a coordinated and sustainable manner as child protection and disability issues are cross cutting issues for all sectors. Cognizant of this, the project has convened a series of workshops at the Amhara regional level that brought together key sectors to discuss and plan ways to mainstream disability in their respective sector plans and implementation systems. The key participants of these workshops were drawn from the University of Gondar, disabled person's organizations (DPOs), relevant government sector offices at the Amhara regional offices, North Gondar Zonal offices and project woreda level government offices, media representatives and project beneficiaries. However, the result gained from the promotion of intersectoral linkages among key sectors and create synergy to address disability issues in a coordinated and sustainable manner seems yet to come. One of the challenges that affected the formation of intersectoral linkage was the fact that the sector offices prioritize their own sector specific activities and it sometimes makes it difficult to organize a discussion forum where every sector is represented. Furthermore, the different level of felt ownership among the key sector offices for the project and its interventions that emanated from the thinking that the projects focus is very much the mandate and responsibility of the other sector also challenged the effort to create intersectoral linkage to deal with child protection issues pertinent to the project. Furthermore, the high level of staff turnover in the respective government sector offices also challenged the intersectoral linkage efforts. As a result, when the representatives who know very well about the project and developed sense of commitment and ownership to the project through training and other activities leave and new ones are appointed on the position, the momentum with the interventions and interest oral activities declines until the new ones are convinced to own the already started initiatives. Findings also indicated that there is a trend by the sector offices to send different representatives of their office in the different meetings and trainings organized with the intention of ensuring equal chances of participation in trainings among its staff. Because of this, the intersectoral linkage faces a challenge because these individuals may not play a continued role and carryout responsibilities of their respective sector.

Furthermore, the projects effort and activity related to advocacy seems to be an area of improvement. Well planned and targeted advocacy activities and campaigns can help to ensure that equal opportunities and rights for people with disabilities are achieved in the health, education, livelihood and social sectors as well as in other aspects of community life.

### **3.2.2.2 CHILGA**

The project had strong collaboration with the Woreda Health Office, Education Office and Women and Children Affairs Office throughout its stay in the woreda. It provided a number of trainings to pertinent partners' staff regarding the activities implemented. Teachers were trained on sign language / hand sign used to people with hearing difficulties. A key informant from the Health Office commented the following on this

“ The Health Office was implementing the project as one of the major health extension projects. We knew that CwDs and their parents/ caregivers are facing among others massive amount of health related problems. Women or children with disabilities experience enormous problems during pregnancy and delivery. Hence, we gave special consideration to these people both in the course of implementation of the project and in our daily routine. We considered the health services provided to CwDs and their parents as one of the 16 health extension packages of the government which are underway all across the country.”

Through frequent training programs that were organized by the project the Health Extension Workers (HEWs) were able to acquire practical knowledge by building their capacity. In other words, the project has managed to fill the capacity gap of the health staff in general and that of HEWs in particular. According to the informants, it is after the commencement of this project that the health office learned much about the magnitude or the scale of the problem that people with disabilities are passing through.

Generally, the project has exerted the utmost effort to get the will of sector offices to mainstream child protection issues. But it is difficult to claim that the sector offices have integrated child protection issues with their regular duty. Most of them are often doing their own normal jobs for which they are paid monthly salary. Promising efforts are, however, being exerted by the woreda education office to mainstream disability and child protection issues as in the framework of mainstreaming child protection issues, the education office has been working hard to facilitate the admission to school of CwDs. It has managed to establish three special needs centers. These are requirements made necessary by difficulties facing the children for which the project initiated its activities. According to key informants, the government has allotted some budget to arrange schooling for Children with hearing and visual impairment as well as to those who are mentally challenged. In this manner the education office has already started to mainstream child protection issues despite a number of challenges such as budget constraints (the budget is not enough) and the scale of the problem to be tackled. A key informant from the Education Office stated the following on this

“In fact mainstreaming of child protection issues pertaining to children with disabilities has become part and parcel of our annual plan of action. Accordingly, the numbers of CwDs who join school are increasing which is attributed to change of the negative attitude of the community toward CwDs.”

Furthermore, the police are also playing significant role in dealing with violations of the rights of children such as abduction, rape or forcing of children into sex and other violent treatment of children by bringing the suspected culprit / offender to the attention of a court of law.

### **3.2.3 GENDER SENSITIVE AND RESPONSIVE INTERVENTIONS**

CBR programs should recognize that girls and women with disabilities require education, work and social opportunities just as boys and men do and ensure that resources are distributed accordingly. Furthermore, CBR workers are expected to make special efforts to persuade families and local institutions that girls with disabilities should have access to basic services like health, education and social protection.

In this regard, the review found that the project gives special focus for female children with disabilities because they face more challenges than their male counterparts who experience the same problem. One way of doing this was by clearly laying down the parental responsibility to deal with the problem of their children. CBR staff members conduct home –to- home visit during which time parents / caregivers of CwDs are given orientations

on how they should protect the interests of their children including on the specific needs that female CwDs may have.

Furthermore, social workers carry out home-to-home visit and advice parents to give the necessary care and protection to female CwDs against the threats of violence which can manifest in the form of sexual abuse and child trafficking. For those disabled children who came from rural area to attend their schooling, the project worked with the kebele administration to make sure that rooms were given to them. In addition, reports indicated that a guard is hired to keep these children away from encountering different forms of gender based violence. As a result, these children are attending their schooling properly. Furthermore, sanitary materials were made available to female children with disabilities to help them in their menstrual hygiene management(MHM).

The school clubs which are organized by the project also transmit message about gender equality and equity in addition to other messages about disability. There is a radio program in 8 schools. The program is called “Yichalal”. There are different audio records which are given to the school from the project. Different message transmitted through this radio program for the students. The records have different issues like human trafficking, gender based violence, labor exploitation and others. In addition to the school program workers of the project uses this records to teach for the other community moving from village to village during coffee ceremony.

The project is also providing positive parents skill training at least 14 times per year because the first entry point to provide equal care for children with disabilities starts from the parents and care givers. Furthermore, when they get information from the community about human trafficking they inform to the responsible body and find a solution working with others. They also conduct discussion about reproductive health and HIV with disabled youths and parents separately. The project also tries to make sure that girls and women with disabilities have equal rights with men in every sphere like education, and health to remedy the past inequalities suffered by women. Besides female parents and care givers have got great relief from discrimination and other economic problems because of the project support that enabled them to start their own small business. The project has improved the economic and social status of caregivers/parents of CwDs through disbursement of loan fund for business startup and expansion. The loan fund was provided to female parents and care givers to engage in some form of IGA because female parents and care givers take more responsibility to use the fund wisely and use the benefits to care for their children and the family.

The project review also showed that women with disabilities face several challenges in the community prior to the CBR program in the area. Woman with disability had double burden and they were often discriminated and less empowered for decision-making so they were often open to exploitation, harassment, and physical and sexual abuse. They were more vulnerable to poverty and social exclusion, and often have limited social and economic opportunities and lack of access to basic services. Taking care of a disabled child is considered as the responsibility of the mother not the father. Because of this, several women who gave birth for a child with a disability were divorced by their husbands without sharing any property and were suffering a lot due to economic problems. But after the CBR project started working on disabilities there is great emphasis on strengthening the protection of disabled children. Because of this, woman with disabilities become more advantaged compared to the situation before the project. The project is currently working with woman affairs offices, other community members, teachers and so on to strengthen the capacity of key law enforcement actors such as the police in order to ensure protection of women with disabilities or women with a disabled child.

### 3.3 RESULTS, ENABLERS, BARRIERS AND LESSONS LEARNT FROM THE PROJECT

#### 3.3.1 RESULTS

This section presents the main achievements of the project structured as per the main objectives of the CBR project.

##### 3.3.1.1 *Improving the Health Condition of Children with Disabilities(CwDs) And Those Without Appropriate Care(CWAC)*

###### - **Lay Armachiho/Tach Armachiho**

The CBR project was designed cognizant of the dire situation in the project implementation area which was characterized by disparaging environment for children with disabilities to access basic health care services. According to the World Health Organization and ILO joint position paper, the absence of basic services including health care service for children with disability play a significant role to the existence of vicious poverty-disability cycle in each community. In order to contribute to efforts to improve the health situation of children with disability, the CBR project designed and implemented different intervention activities in the targeted Kebeles of Lay armachiho and Tach Armachho in North Gondar Zone.

The health component of the project has been implemented through direct medical support/treatment, capacity building and awareness creation/community mobilization activities to link CwDs with different health care services as well as to provide them with assistive medical devices. One of the project implementation approaches is through home based rehabilitation services. As per the annual project reports, 661 children and youth with different kinds of disabilities received home based rehabilitation services. The service was rendered through weekly and monthly follow up program.

As part of improving the health condition of the targeted project beneficiaries, medical care and assistive device referral support has been provided during the previous project implementation period. Children and youth with disabilities received a higher-level referral services and medical treatment from Hospitals at Gondar and Addis Ababa.

To enhance the referral practice of children and youth with disabilities capacity building training for health extension workers and community members was one of the approaches that the project followed so far. To this end around 113 government health extension workers were trained on disability, referral system and basic rehabilitation service from 2010-2015 alone. Among the trained health extension workers, a total of three HEWs received sign language training which helped them to communicate the health care needs of children with deafness. Similarly, the training of mothers of children with disabilities was also intensified the awareness of these segment of community on the different health care needs of disabled children.

The review also indicated that the situation of children with disability with respect to hygiene practice was very poor and this has eventually led to different kinds of health problems. It was after the introduction of the project and its activities to improve the awareness of the care taker on different care practice that the hygiene and health condition of the targeted children improved. As it was evidenced during focus group discussion and key informant interview, care takers are now in a better position and awareness on disability inclusive hygiene and sanitation practice in the household. A key informant commented the following on this

“...We didn’t think about education and health of the disabled child rather we considered them as useless. We were considering them as foolish and didn’t keep their personal hygiene. But we become aware after we started participating in this project...”  
(A female FGD participant)



On the other hand, free provision of medical treatment such as physiotherapy and assistive devices such like wheelchair were among the key project interventions that helped in changing the lives and health condition of children with disabilities across the project implementation Kebeles. Some of these CwDs are given home based rehabilitation service by trained CBR field workers and in some cases received referral physiotherapy treatment by trained specialists. The project also provided assistive devices (wheelchairs, crutches, white cane etc..) for clients who have challenges of moving from place to place independently due to several factors. In all cases, the support has brought an incredible result in improving the health as well as the lives of these benefited CwDs.

“Children with physical impairment are given wheelchair to make their movement easy. CwDs are given the necessary care and protection to make them the man of tomorrow that contribute for the progress and development of their society.” (KII in Lay Armachiho.)

Another key informant added the following which supports the above change made in the lives of CwDs;

“...Unlike in the past when CwDs were kept in undisclosed places inside their homes, the situation of these children in terms of having access to social services and legal protection is gradually improving. Children who previously were unable to walk can now move from one place to another by using wheelchair and other types of devices...”

A woman focus group participant from one of the project implementation Kebele in Lay Armachiho district forwarded the following comment which shows the overall result of the project regarding the health service that is supported by the project and rendering to children with different disability.

“...Before the introduction of this project we suffered a lot to cover the medical expense of our children. As a result, children were in great suffering without getting treatment. Some children were falling anywhere in dirty places (she is referring Epileptic children). But nowadays the project has been supporting children to easily access different health care service and has given money for parents'/care givers to cover their food, clothe and other needs. It's totally a different situation for children with disability when you compare the current change with the previous devastating condition.” (Female FGD participants, Lay Armachiho district...)

Likewise, CwDs who are seriously sick were referred to Gondar University teaching hospital to get advanced medical service and management for free. Furthermore, the different support from the project to improve the livelihood condition of the care takers also has a direct impact in improving the health and nutrition condition of the targeted children. As it was evidenced from the qualitative findings, due to the overall livelihood improvement care takers are now able to provide basic needs such as food and clothes to their children.

“...It was a difficult time for the family before the beginning of this project. Care takers had no money to fulfill the basic needs of the children; even it was difficult for them to buy soap and clothes for their disabled children. Children had no chance to eat three times in a day. We didn't want to listen when they asked food after they ate once. But now by the support that we get from this project, so many things have improved. We buy their clothes and shoes and cover other needs. We buy soap and keep their

cleanliness washing their clothes and body. We are now able to feed our children 2 to 3 times in a day. That's a big change when we contrast with the situation before..."  
(Women FGD participants, Lay Armachiho district)

The health promotion and awareness creation activities being implemented in the CBR project involved successful efforts to curb the existing stigma and discrimination towards children who are infected and affected by HIV/AIDS. To this end, the awareness improvement activities have brought significant positive change in attitude and behavior in this regard. Moreover, two regional level workshops were conducted so far in the implementation process of the CBR project. One of the workshops was focused on mainstreaming rehabilitation in health extension program and currently existing health care services. As it was evidenced from the project annual reports, total of 96 officials attended and MOU signed between UoG and Regional health bureau. This was a recognized step towards advocating and mainstreaming rehabilitation services for people with disability in the health care delivery system and potentially has a positive impact on the overall improvement on health care service provided for children and youth with different disabilities.

**- Chilga**

The review participants in Chilga woreda indicated that, access to health services was highly limited for children with disabilities before they started participation in the CBR project. No one considered accessing health service as their right and they were considered useless. However, the health interventions implemented by the CBR project helped to improve the health and mobility of children with disabilities and this in turn contributed to their interaction with other children and the community.

An FGD participant in Chilga shared the following poem to show the role of the project in promoting equal participation of children with disabilities

**ተሞስገን እላላሁ በኢትዮጵያ በኩል፣  
አካል ጉዳተኛ ሲባል ነበር ስንኩል፣  
ሃንዲካፕ ናሽናል አረጋቸው እኩል**

*( literary translated as .....” those with a disability were considered to be handicapped.... I am thankful that handicap national came and made everybody equal (to show that children with disabilities got opportunities for equal participation as a result of handicap national project)*

The project has provided medical care and treatment to CwDs and other vulnerable people. Those with serious health problem were referred to Gondor for higher treatment. CwDs and their parents were provided with health education on how they should keep their surroundings clean and prevent themselves from infectious or communicable diseases. The project was making effective use of the knowhow and experience of Health Extension Workers (HEWs) in dealing with the health problem of its target population.

A key informant in Chilga also shared his experience as follows showing the role of health interventions of the CBR project in improving the health conditions of children in the target community

“In the past I suffered a lot and moved from one Holy water to another caring my disabled child on my shoulder to find any cure for him. Finally, I became hopeless as I couldn't see any improvement on his health condition. Now thanks to this project he is in a good situation and he is attending his education and he even encourages us to be strong and have faith”

Furthermore, the project provided assistive devices such as wheelchair and crutches and medical treatment was also provided to children in Gondar Hospital and even in Addis Ababa. An FGD participant stated the following

“ My child was born with left leg deformity. This child has got support from handicap project and referred to Addis Ababa and he was cured after getting the treatment. He is now a 9<sup>th</sup> grade student. My child is now healthy and is able to run and play like others children without disability. I am very grateful for the activity done to my child by this project.”

Another FGD participant shared the following on the role of the projects rehabilitation activities in improving mobility and participation of children with disabilities,

“ ...My brother had leg problem because of car accident when he was a baby. My parents aren’t alive. I feel very sad when I saw him after he lost his leg but thanks to handicap project they took him to Addis Ababa and inserted artificial leg and now he doesn’t have mobility problem and he can wear trousers properly. He is graduated in first degree and now attending his post graduate class. I am very satisfied because previously he couldn’t move and even dress properly...”

The following table summarizes data showing the number of direct beneficiaries of health related interventions from 2010-2015.

Table 2: Health Related Activities and number of beneficiaries reached, 2010-2015

Theme	Activities Conducted (2010-2015)	Remark
<b>Health</b>		
<b>Promotion and Prevention</b>	<ul style="list-style-type: none"> <li>- A total of 113 health extension workers got training on early identification of children with disabilities with in their communities, basic concept on rehabilitation, barriers affecting CwDs participation and social inclusion within their societies.</li> <li>- The project in collaboration with the Woreda Health Office were facilitated various vaccination campaigns. For example in the year 2014, 3614(1367 male and 2247 female) children who are under 5 years of age and 2312 mothers at a post-natal care accessed vaccination service with the project support.</li> </ul>	<p>69 Lay Armachiho and Tach Armachiho ; 44 Chilga</p> <p>This activity implemented in Chilga woreda</p>
<b>Medical care and Assistive device</b>	<ul style="list-style-type: none"> <li>- 377* CwDs provided medical care/treatment, assistive devise and other referral support</li> </ul>	<p>235 Lay Armachiho and Tach Armachiho ; 44 Chilga</p> <p>*Possibility of double/repeated count</p>
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>- On-going home-based rehabilitation care provided for 1,065 CwDs ;</li> </ul>	<p>430 Lay Armachiho and Tach Armachiho ; 635 Chilga</p>

### 3.3.1.2 Improving the Social Integration, Participation and Protection of CwDs and CWAC

#### - Lay Armachiho/Tach Armachiho

The most important result achieved by the project is the change on the longstanding negative view of the community toward CwDs and their parents/ caregivers and its positive influence on the parents to avoid

keeping their children from public sight. Unlike in the past when CwDs were kept in undisclosed places inside their homes, the situation of these children in terms of having access to social services and legal protection is gradually improving. Several children who previously were unable to walk can now move from one place to another by using wheelchair and other types of devices. Moreover, the children and their parents have started to develop the confidence to ask for the protection of their rights. Several children are no more kept out of public sight because of the challenges they are experiencing and their parents are no more ashamed of the same to which they are not to blame. Presently parents/ caregiver of CwDs are not scared of revealing their children to the public. They understand disability is not caused by evil spirit or curse of their ancestors or any other group or individual within their community. Also, parents or caregivers of CwDs paid a huge price because of their children's disability because the community attributed every problem to evil spirit and curse. An FGD participant reported the following on this

“... My child was born having cleft lip and palate. When I put him on my relative's bed to sleep, they refuse to let him sleep on their bed. When I went to fetch, water carrying the baby, everybody talks about him and pointed on my child. I cried when everybody was doing as such. When I asked my relatives to keep him for a minute they refuse and say “please take him! Where do we put him if someone comes?” When people heard sound while we were drinking coffee they say “please take him away somebody is coming”. During that time, I was young and passed my time crying due to the stigma and discrimination from different people including my relatives. In the school, when children insulted him he came home crying and says “I don't want to go to school”. Now he is 7<sup>th</sup> grade. His palate is corrected in Addis Ababa before this project comes. His lip is not corrected and now he has a problem to speak. Now I joined this project and started discussing so many things and become aware. Now I understand that I wasted so many years without knowing about disability and I hide my child when I was foolish. By the support I get from this project, I bought a small land that I use to cultivate vegetables and I am able to cover for his basic needs...”

Thanks to the project, the negative community attitude towards disability has significantly reduced. The target population has for the first time started to consider themselves full member of their community and to enjoy life.

In order to promote participation of children with disabilities in various activities, the CBR program supported for the establishment and strengthening of eight child right/wellbeing and disability school clubs at 8 schools which will be involved in different child protection activities. In addition to this, the CBR program supported the clubs by providing a capacity building training for the members, provide budget support for running activities of the clubs. Furthermore, the project recognizes that participation of children and youth with disabilities in sport activities can bring a great impact to improve the social participation and integration of people with disabilities in their societies. As a result, in 2014, the CBR program started working with the district sport administration office and nine children with disabilities (6 boys and 3 girls) were selected to attend regular Paralympics training by the sport office. Moreover, 20 youth with disabilities were selected from the disabled people organization to be trained by sport office by a professional regularly on Paralympics. In 2015, the CBR program supported to establish and strengthen eight child right disability school clubs at 8 schools with 400 members being involved in different activities. In addition to this, the CBR program supported the clubs by providing a capacity building training for the members, provide budget support for running activities of the club. These were among the key initiative by the CBR project which is recognized as the main tool to improve the education service provided for disabled children and youth. Similarly, these established clubs have several members and working actively to improve the situation of students with disabilities by creating favorable environment in school. International disability day was celebrated inside 3 schools inviting local administrative bodies' community rehabilitation committees, persons with disabilities, families of CwDs, students in the local

school and teachers in the local school. These programs were arranged by disability school clubs inside the schools who have organized special event with drama, songs and poem. As per the evidence generated from this project review, these kinds of events organized in the local schools not only brought awareness change in the school community but played imperative role to improve the attitude of the whole community on the importance of inclusive education service. The project also supports activities to make sure that CwDs have access to mini media that transmits important messages to the school community.

The table below summarized data from annual reports from 2010-2015 on the number of direct beneficiaries of social and empowerment related activities of the CBR Program.

Table 3: Social activities conducted and number of beneficiaries reached, 2010-2015

<b>Social</b>		
<b>Relationship and family</b>	- About 371 mothers/caretakers got trainings on different rehabilitation and disability issues.	
	- Twelve in school CBR clubs established and strengthened through technical and material support. The club members were actively participated in awareness raising activity in the school as well as in the community.	8 Lay Armachiho and Tach Armachiho; 4 Chilga
<b>Recreation , leisure and sport</b>	- The CBR program was working with the district sport administration office, and 9 CwDs selected to attend regular Paralympics training by the sport office. Moreover 20 youth with disabilities selected from the DPO to be trained by sport office by a professional regularly on Paralympics.	In Lay Armachiho

Table 4: Empowerment activities conducted and number of beneficiaries reached, 2010-2015

<b>Empowerment</b>		
<b>Advocacy and Communication</b>	- Two regional workshops were conducted. The workshops were focused on disability mainstreaming in relevant sectors and on mainstreaming rehabilitation in health extension program and currently existing health care services. MoU also signed between UoG and Regional Health Bureau.	
	- Various Woreda and Zonal level discussions and experience sharing were organized for participants that involves the project main stakeholders that include Gondar University different department, woreda and zone health, education and other offices	
<b>Community Mobilization</b>	- Project support committees/ Community Care and support Coalitions in 19-targeted kebeles were capacitated by trainings and various material support. The structures were actively participated on community mobilization activities for the support of CwDs.	8 Lay Armachiho and Tach Armachiho; 11 Chilga
<b>Self-Help Group/Mothers Support Group</b>	- Mother support group/SHGs established and strengthened in the project targeted areas. Most of the group members are mothers/caretakers of CwDs and they also conducted regular monthly discussion on disability related issues	

Disabled People Organizations/DPOs	- The two woreda level DPOs members got various trainings on disabilities related issues such as on leadership, life skill and laws related with disabilities	
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Article 24 (Paragraph 2(b)) of the 2006 Convention on the Rights of Persons with Disabilities clearly stipulated that Persons with disabilities should have access to an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live. Due to several existing barriers in the community such as economic, absence of trained teachers on special needs education, lack of strong mainstreamed policies on inclusive education, community attitude and perception towards CWD and the like, the execution of this article has been too slow.

In response to the education needs of CwDs and other children without appropriate care in Lay Armachiho and Tach Armachiho woredas, the CBR project implemented several activities to ensure that these children have access to inclusive education. Furthermore, children from poverty stricken households (the poorest of the poor) and orphan children were targeted by the CBR project and children who have been migrated from other areas to Lay Armachiho woreda received different types and forms of educational support from the CBR project.

One of the results achieved by the intervention is the initiation of enrollment of CwDs in schools. Children with visual and hearing impairments have managed to attend formal schooling. Braille was distributed for vision impaired people and sign language is being used to teach children with hearing impairment. Some teachers have undergone training program on writing system for children with visual difficulties. Even some children with intellectual challenges have started to go to school and join their peers. The project has also established and supported one montesory class from which over 600 children are benefiting among which 24 are CwDs. This can be taken as a good example on the extent of the projects contribution towards better education service for children with different disabilities.

The community is now seeing or is bearing in mind that CwDs like any other person are capable of learning and performing any activity, earn income, have family and lead independent life of their own. Parents of CwDs are now trying to be like others by sending their children to school and make them known to the public. An FGD participant commented the following on how the projects effort to ensure access to education for CwDs was a success.

“...Of all the changes that I witnessed because of the project support, I am very satisfied and happy with the change that I observed on my child after she enrolled in to school through the motivation of this project. She was left at home hiding from other people. I locked her inside the house when I went to do household chores. I used to work as a house maid and people did not allow me to do their household chores when I took my child with me. Children in the neighborhood attack her when I left her outside. I tried to leave her with my father but he refused saying “living with her is not good for my children”. But now she is very active and is showing good health improvement. She also got the chance to interact with other children having the necessary school material and covering other needs by the money that I have got from this project. When I gave birth to another child, she assisted me by carrying and taking care of the new baby. I have seen all these improvements on my child because of the support from this project...”

The CBR project also provided educational materials for children without appropriate care. In this regard, a total of 407 children with disabilities and those without appropriate care obtained school material support

from the program from 2010-2015. Besides, the capacity building activities through provision of training for teachers is another project initiative that hugely contributes to the overall improvement towards better education for children with different disabilities. The training given on child resilience, violence on children, sign language and Braille training, Montessori class utilization training and on other topics have significant positive contribution to improve disability inclusive education service in the targeted schools. So far, 41 teachers were trained on different topics by the CBR project which brought remarkable change in schools on the overall teaching-learning process of children with disabilities. Teachers who have been trained in special needs education are getting better recognition and are looking for greater opportunities, better remuneration and benefit packages in urban areas. Likewise, parents of CwDs are sending their children to these towns looking for these teachers. Owing to the awareness of the community about what causes disability, the demand for teachers trained in special needs education has already outstripped the supply. These changes clearly show how the attitude of the community has changed for the better about creating better access to education for children with disabilities and other vulnerable children.

The table below shows the number of direct beneficiaries of education related interventions of the project implemented from 2010-2015.

Table 5: Education related activities conducted and number of beneficiaries reached, 2010-2015

<b>Education</b>		
<b>Primary Education</b>	- 407* CwDs supported to continue their education in formal primary schools in the targeted areas	111 Lay Armachiho and Tach Armachiho; 296 Chilga In addition ,161 children without appropriate care got educational material support in Lay Armachiho and Tach Armachiho/ 2015  *Possibility of double/repeated count
	- One Montessori class established and strengthened with various materials, and about 600 students are benefiting. Of these 24 are CwDs	In Lay Armachiho
	- 41 teachers got training on CwDs related issues that include sign language and Braille training	Lay Armachiho and Tach Armachiho; In Chilga this activity was conducted by Education project

Likewise, the project intervention on improving the health status of children and youth with different disabilities, the capacity building activities, direct financial support and other livelihood related support by the project have a significant trickledown effect to improve the education services provided for children with disabilities across the project implementation areas.

The project is playing a significant role in meeting the existing needs of CwDs and other vulnerable children and eventually boosting their socio-economic status. The project has initiated a small grant scheme through which parents / caregivers of CwDs were given seed money to start any business which they believed is profitable or cost effective. In order to make the beneficiaries profitable/successful, a basic business skills training has been given prior to depositing the startup capital/money in their bank account. In order to motivate the beneficiaries to work hard and start saving money, the beneficiaries were informed that the money is given to them as a loan and not as a grant. These people are now getting good profit from their investment on viable

business enterprises and improving their socio-economic status. Thanks to the project, many of these poor household are sending their children to school and can now afford the medical expense for their family. Moreover, some grown up children with physical disabilities have started to engage in Income Generating activities such as shoe polishing. Some have managed to open small shops and engage in the transaction of different goods and services. A key informant commented the following

“...Some of us have managed to improve our life and that of our children. This was made possible through our hard work after disbursement of loan fund by the project and initiation of IGAs...”

Several things are changed to the better because of the project. Owing to the project, the socio-economic status of poor people toward which its effort is directed has improved. Many CwDs and other vulnerable kids who were on the verge of leaving school changed their mind and continued their education because of the project’s support. One of the FGD participants who was engaged in IGA with support from the project stated the following

“...I never had a chance to slaughter a sheep for a holiday festivity even though it is like a must to do traditionally around here. However, now because of this project support, I managed to slaughter a sheep for the new year just like everybody else in my community. When they gave me 1200 birr, I bought one sheep. Now I have 6 sheep. I cover the basic needs of my children by selling a sheep...”

Similarly, another participant also commented the following

“...I bought a sheep as soon as I received the “loan” from the project. However, my house is too small for a sheep breed. Because of this, I sold the sheep and have bought a land which I am using to cultivated vegetables. I sell vegetables and earn an income. I also use some of the vegetables for our own consumption...”

Table 6: Livelihood activities conducted by number of beneficiaries reached, 2010-2015

Livelihood		
<b>Skill Development</b>	- 11 adolescent and youth with disabilities got skill training	In Lay Armachiho and Tach Armachiho
<b>Financial and Technical</b>	- 202 parents/caregivers of CwDs got support on various income generation activities	151 Lay Armachiho and Tach Armachiho; 51 Chilga

**- Chilga**

Because of the project activities, the interaction of children with disabilities in with the community has improved. Disabled children started participating equally with the community after the work of this project. They have got relief from living being isolated inside the house and hated by the family. The project has facilitated and enabled disabled children to use their abilities and started interaction as individuals with others. The project has also installed great effort in the development of confidence within persons with disabilities”

An FGD participant in Chilga stated the following on this



“...As parents of the disabled child, we were always ashamed and looked down when we interact with the community and participate in community activities. But now after we started participating in this project we started living being happy and we started to look up because our children have got the chance of education and we see them achieving good success...”

The projects effort to raise community awareness and ensure integration and participation of children with disabilities in the community also contributed to improved participation in community activities including sport activities. A mother of a beneficiary child stated the following on this

“...My child has hearing and speaking problem. When the project started working he has got support from the project. He is very active and has the talent of playing foot ball. The project assisted him to participate in foot ball match in Addis Ababa and has awarded him blanket and different medals to him. Now he is a grade I I student. This project assisted him to get education using sign language. I have also seen other disabled children participate in different types of sport competition...”

In order to improve the livelihood of parents of children with disabilities and ensure sustainable ways to meet the basic needs of children with disabilities, the project organized parents in saving group and provide a small grant as seed money to start feasible income generating activities. Reports indicated that there are a total of 10 different self help groups which were organized by the project.

### **3.3.1.3 Improving the Level of Awareness Regarding Child Wellbeing Issues in Community Groups and Concerned Bodies**

#### **- Lay Armachiho/Tach Armachiho**

As part of improving the awareness of the community, the project implemented several activities that significantly contributed to the present desired change in awareness and attitude seen in the project implementation community. Celebration of the African child day and the international disability day , schools based sensitization events, establishment of community and school based child protection structures, training on basic child wellbeing concepts, leadership and communication, monthly community conversation/dialogue, positive parenting education for selected community members and workshop for child protection service providers were among the community mobilization activities that deserve special recognition in improving the awareness of the community. Additionally, these awareness creation and community mobilization activities were designed in a way that ensure the engagement of key actors found in the project implementation areas which potentially brought about maximum achievement to improve community awareness.

The project has laid down the necessary foundation for the community to find long-lasting solution for the problem which children with disabilities and their families find themselves in. The project also proved that the social mobilization component of the CBR has a ripple effect on other non CBR areas as it was evidenced from this project. A key informant commented the following on this

“...What is interesting to see at this particular point in time is that people from outside of the project’s catchment / those areas that were not covered by the service/ have started to adopt the project approach and started to deal with their own problem instead of hiding it. Many parents in these areas are no longer keeping their children

out of the public sight. Now they show no signs of fear of discrimination because of the condition of their children...”

It is also worth mentioning that the community has accustomed to reporting to the police or to any other relevant agency/ agencies of any child abuse including those of CwDs they may come across with. A community member stated the following on this

“...We now know that disability is not attributed to bad luck, sin, divine damnation, evil spirit and curse. We are no more discriminated against because the physical or mental disability of our children. The community is now aware that every one of us can face the same problem in our life time. But inhabitants in the rural areas have no awareness about the cause of disability because they have no access to information that challenges the wrong perception they have developed since their childhood. We are sure through their interaction with the larger community, our children can be educated and value their life despite their disability...”

Thanks to the project caregivers/ parents of CwDs can freely participate in the social life of their community. They can participate in all activities that affect the social and economic life of their community. They can attend wedding ceremonies, funeral processions and any other ritual.

Because religious leaders do enjoy the respect and confidence of their respective followers it is quite easy to reach the community through them. Accordingly, the project has made effective use of this opportunity to achieve its objectives. Following the training sessions provided to religious leaders, they have been making important contribution in changing the deeply entrenched negative mindset of the community toward CwDs. But prior to the commencement of CBR project almost all religious leaders in the area had the same and negative attitude toward CwDs. But the project has done creditable job in changing the destructive behavior of religious leaders and involve them in dealing with the problem associated with disability.

Generally, the projects achievements mentioned above strongly indicate the importance of wide community mobilization and promotion activities in any CBR project which pay back by creating favorable foundation to rapidly progress to curtail structural barriers and achieve a lasting outcome in the community.

#### - **Chilga**

The project has successfully managed to persuade parents/ caregivers of CwDs to make their children known to the public and be active members of society. The project has also done effective job in changing the harmful perception of the community toward CwDs and their parents which was based on discrimination and prejudice. Furthermore, the project carried out intensive awareness raising activities on disability issues including educating the community not to say deaf, blind and dumb instead to say a child with hearing and seeing problem. The field workers moved from house to house to educate communities to treat the disabled child equally with the other child. An FGD participant in Chilga commented the following

“**Before** the coming of this project we ordered the disabled child to sit inside the store room when guests come. Both the family and society insulted these children by calling them blind, deaf, leper, and donkey. The project assigned field workers and then the field workers started identifying disabled children through home to home visits. They knocked and searched disabled child in the church, mosque, meetings and through house to house visits. During the starting time of the project we were very suspicious and we considered the field workers as they are working for their own business not for the sake of the disabled. Because of this many parents weren’t willing to register the

disabled child. But now everybody understands its importance and tasted the benefit. The disabled children were excluded not only from education but also from social and family interaction but now this project enabled them to access education. I know a disabled child supported through this project who is now graduated with first degree and is working in the office and started supporting others.”

Most of the parents of disabled children who participated in the FGDs also indicated that, before the onset of the CBR project, they never had the idea about education of the disabled child and never envisioned about success and social interaction of disabled children. They were also reluctant to care for the basic needs of their disabled children. An FGD participant stated the following

“we didn’t have the awareness about covering their needs. We didn’t buy clothes once in a year even during the time of Epiphany but now we dress them two or three times a year. We were very hopeless about the disabled child but now thanks to Norway project we have seen such a big change”

### **3.3.1.4 Improving Involvement and Participation of Stakeholders and Community**

#### **- Partnership and Participation of Key Government Stakeholders Lay/Tach Armachiho**

Partnership implies a joint commitment to long term interaction, shared responsibility for achievement, reciprocal obligation, equality, mutuality and balance of power<sup>2</sup>. In CBR programs, a multi-sectoral collaboration and partnership is essential to support the community, address the individual needs of people with disabilities, and strengthen the role of DPOs. Coordination and networking activities are needed to build good relationships and partnerships with CBR stakeholders. They are important activities for sharing knowledge and resources, reducing duplication and mobilizing community effort. Partnerships can help to make best use of existing resources and sustain CBR programs by providing mainstreaming opportunities, a greater range of knowledge and skills, financial resources and an additional voice to influence government legislation and policy relating to the rights of persons with disabilities<sup>3</sup>.

The CBR project is working with various government sector offices including health, education, women and child affairs and social affairs offices. The review indicated that the various stakeholders seem to have a loose relationship. The CBR project has managed to create a structure that has involved the key stakeholders. However, the structure does not seem to be well established functional and systemic. Furthermore, the synergy amongst the existing stakeholders is not active and cohesive. This could be mainly because of lack of formal arrangements, such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners’ involvement. Furthermore, the seemingly absent clear definition of the nature and form of partnership with and among key stakeholders and clearly defined roles and shared responsibilities of each could have contributed to the limited availability and functionality of a systemic partnership.

The review found mixed feelings among the key stakeholders on whether the effort to establish a functional partnership is made possible or not. A key informant from the woreda education office commented the following on the partnership created with the CBR program

<sup>2</sup> Fowler in Brehm, 2004:18)

<sup>3</sup> World Health Organization(WHO). 2010. CBR Guidelines: Introductory Book let Towards Community Based Inclusive Development, 2010

“...My office has managed to establish partnership with the CBR project to realize its objectives. As a vital institution, responsible for disseminating knowledge to the younger generation, the woreda education office has been at the forefront in the implementation of the project. This has been made possible by setting up pleasant and trusting partnership between the entity that brought the project and the sector office on whose behalf I am serving as a focal person...”

On the other hand, a representative from a government office commented the following on how the partnership established was not effective because some partners failed to show the required commitment

“...The project has managed to establish cordial and strong partnership with key actors and stakeholders including the community. But, to our disappointment, some of these entities lack the initiation and commitment to effectively discharge their responsibilities. In some cases, there is lack of coordination of activities...”

The review showed that some of the partners engaged have contributed financial resources as well as ideas to the effectiveness of the project. Furthermore, the partners have mobilized their staff to carry out community mobilization activities to ensure that the community actively participate in the project. Furthermore, they have been engaged in the provision of basic services like health. A key informant commented the following on the level of participation and contribution the key partners made to the project.

“... Their participation was somewhat medium. I do not believe these entities have made effective use of their potential energy to bring the project’s mission to a successful end. I still believe there are many CwDs whose situations are not made public. This is a clear manifestation for lack of active involvement of key actors and stakeholders in the ongoing project...”

Most of the key informants confirmed that the key partners have somehow participated in the project planning and design phase mainly by participating in the launch workshops and providing feedback. However, there was no tangible opportunity created to ensure that key government stakeholders were participated starting from the problem identification, situation analysis, activity and budget planning phase. However, through providing capacity building support and organizing stakeholder forums, the project has exerted a strong effort to ensure stakeholders participation at implementation phase.

#### - **Chilga**

Key informants in Chilga indicated that the project’s partnership with the woreda’s health, education and women affairs office has been very good during its entire life in this area. In fact, the project was able to productively execute its plan through the establishment of friendly partnership with all sector offices. A case in point is the exceptional role played by Women’s and Children’s affairs office in examining the scale of the problem and persuading and at times forcing parents or caregivers of CwDs to make their children visible to the community and send them to school. This office always stands at the forefront in defending the rights of children in general. A key informant from the woreda health office also commented the following on this

“The nature of the work we are doing is partly responsible for the excellent relationship between the two entities. The project has a left a good legacy by building

the capacity of our staff. This staff has got strong attachment to the project's accomplishment. Thus we have a resolve to ensure more ownership of the project”

Almost all of the key partners and stakeholders including the community, and the target population was able to exhibit quite appealing participation throughout the life of the project. **The success of the activities is for the most part attributed to the** participation of key sector offices and other stakeholders. Also the government had shown great resolve for bringing the project to a successful end. All issues were collectively decided by stakeholders and / or sector offices that have direct interest in the project. A key informant from the government office commented the following on participation of sector offices in project implementation

“All of us were very much involved at all stage of the project's planning, implementation and monitoring. All activities that were to be performed on quarterly, biannual and annual basis were clearly stipulated in the plan. Our comments and opinions were seriously considered by the project and included in the plan. In fact, we had a common plan. Eventually the plans were made known by the kebeles. All key actors were represented by their respective focal persons. The same applies to implementation and monitoring stage of the project”

- **Participation of Community, CwDs and Other CWAC  
Lay Armachiho/Tach Armachiho**

One of the key threads running through all CBR programs is participation and it is important that all key stakeholders, particularly people with disabilities and their family members, are actively involved at all stages of the management cycle. The review indicated that the project has carried out activities to promote community participation, particularly participation of children with disabilities and other vulnerable children and their care givers and parents. However, most of the key informants agreed that the effort to ensure children's participation at the project design and planning phase was very minimal.

With regard to promoting children's participation during project implementation, the project has exerted efforts to put in place several school clubs in which children with disabilities become members. Furthermore, the community mobilization and coffee ceremonies have given parents and care givers of beneficiary children to voice their support or concerns related to project activities and modes of delivery.

The Community Care Coalition (CCC) which is a structure set up by the government is being used as a strategy to sustain the project. And usually the collation comprises of various community representatives like elderly people in the community, religious leaders and a representative of the local level administration. In some cases, the CCC seem to work very well however in other cases the CCC has a higher turnover and lacks consistency and commitment to sustain the project.

Furthermore, parents of CwDs and CwDs are showing their participation in the implementation of the project by making effective use of the services being rendered by the organization. CwDs attend school and play with their peer group etc. Parents / caregivers of CwDs are also showing their participation in the ongoing project by disclosing the condition of their children which has remained secret probably for quite long period. They bring the children to public attention and the attention of pertinent entities to get the necessary material, financial and psychological support.

By revealing the condition of their children, parents could reestablish their relationship with the community. Alternatively, the community has been participating in the ongoing CBR project by looking for CwDs and convincing parents to make the problem of their children public.

On the other hand, other community members are participating in the execution of the project by informing to the local leadership and key actors about Other CwDs who are still hidden away from the eyes of the public. In case parents continue their act of secluding or continue setting their children apart from others, then other members of the community bring the case to the attention of those involved in the implementation of the project for action.

In order to assess child participation in project activities, children who are engaged in the CBR project in various ways have participated in the project review using the Impact assessment method, the “H” assessment and the Body Mapping methods. And the findings of the review have revealed that children have participated in the project and contribute to the project in various ways. For instance, children participate in disability school clubs in the project sites that were visited in North Gondar Zone.

The school clubs are active and passionate in working to create awareness in the schools about disability issues. Children with disabilities are also actively involved in the clubs and get the benefit of equal opportunity and treatment in the school services. Moreover, the participation of children in the schools has brought a wider impact in the communities where the schools are located. As the children’s clubs organize dramas and poems to teach about societal malpractices towards children with disability.

To this end the participation of children in the CBR project has impacted the lives of children in various ways. Several of the children have reported that their participation has changed their knowledge and actions towards persons with disability. For instance, some of the children have reported that before they used to have the understanding that disability conditions can be communicable and children with disabilities and their families are cursed to have the disability condition. Children had also the understanding that persons with disability cannot learn, work and cannot be members of productive society. However, now the understanding and awareness of those children who participated in the review have indicated that the children’s knowledge and their action towards persons with disabilities are significantly improved. As a result, children with disabilities in schools are not any more discriminated rather they participate and provided with access to various services in the school.

Children who participated in the review in the schools visited have reported that they have made trenches to make classrooms accessible for children with wheelchairs and that they get various materials like uniforms, wheel chairs, crutches, pens and pencils to improve the conditions for the children. On the other hand, children who participated in the review have reported that there are limited resources and the support and guidance they receive from the school club leaders, usually teachers or the filed rehabilitation workers is minimal. The children have also pointed out that there is lack of clear and defined criteria as to how children with disabilities get the different service and benefits.

CwDs are also asked their immediate needs to which they can freely express their thoughts, Ideas or feelings. Being the direct beneficiaries of the project children’s ideas are considered in purchasing and distribution of essential items such as wheelchairs, Braille, educational materials etc. CwDs show a high level of participation at all level of the project by expressing their needs and priorities. They encourage their parents to attend every meeting that discusses disability and to express their thoughts, feelings and ideas consistently. Children also participate through disability school clubs and communicate various messages that enhance the knowledge of their families and the community at large through dramas, poetry. In some cases, even the children teach families in person about disability issues and change their perceptions.

Most of the key informants stated that efforts to ensure child and community participation are exhibited more in urban kebeles than rural kebeles that are less accessible. A discussant in one of the FGDs carried out with parents and care givers of CwDs stated the following on this

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“...We didn’t participate at the design stage of the project. CBR workers (they mentioned their names) called us for a meeting and told us about what the project already planned for us and how to protect and care our children when we get support from the project. They also told us to inform and link to them when we get disabled, destitute, and vulnerable child. Then we received the support...”

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Even though the project has managed to train some teachers and CBR workers on sign language and braille, the assistance provided to children with hearing and visual impairment to air their voice about the project and participate meaningfully other than in receiving support was very minimal. Especially, the effort made to ensure participation of children with intellectual disabilities seems nonexistent. A mother of a child with intellectual disability stated the following on this issue

“... My child doesn’t understand anything because of his mental problem (...to mean intellectual challenges) ... so he never had a chance to say anything to or about the project...”

#### - **Chilga**

The project review in Chilga woreda indicated that the children in whose name the project had been implementing its activities did have the courage to express their feelings and priority needs. They were at the same time presenting their complaints. Children who have mental and physical maturity and their parents/ caregivers freely expressed their needs, concern and worries and expectation at all stages of the project. Some full-grown children knowing that the project was planning to take them out from the place they were concealed, they were asking all their legitimate demand to be included in the plan.

Children with well versed communication skill are allowed to take part in all training programs during which time they express their stance about the project and whether or not it is meeting their needs. They tell participants of the training about the bad experience they have been facing and the current situations they are in. In fact they are serving as excellent model to be imitated by others.

Nevertheless, key informants indicated that the beneficiary children did not have any meaningful participation during the planning stage of the project. Parents of CwDs have been closely working with the project not only regarding the immediate needs of their children but also on the IGAs they managed to establish by the financial support of the project. Parents / caregivers of CwDs informed the project personnel how the community has been thinking about them. In fact, they served as major sources of information concerning their situation within the community.

### **3.3.2 ENABLERS AND BARRIERS ASSOCIATED WITH ACCOMPLISHMENT OF PROJECT RESULTS**

#### - **Enablers**

Some of the factors that assisted the project to achieve its objectives are the following:

- Availability of a favorable policy environment that promotes protection of the rights of children with disabilities
- Availability of the Community Care and Support Coalitions (CCCs) structure have played a very supportive role in facilitating the overall field work of the CBR project through identification of cases, referral and responding for child inappropriate treatment within their locality.
- Presence of active and engaged schools on issues related to disability and child protection

- The facilitation, supervision and coordination role that many of the sector offices involved in the project implementation played also contributed to the success of the project.
- The active involvement of some influential and open-minded members of the community that include religious leaders and elders was very useful for achieving the desired result.

- **Barriers**

Factors that hindered the project from achieving some of its intended results are the following:

- Lack of awareness and deep rooted negative perception of community towards children and adults with disability
- High turnover of staff among partners and stakeholders
- Varying levels of commitment among partners and stakeholders to facilitate and take ownership of project implementation issues
- Resource limitation to address the massive need and demand in the community
- topographic and distance related challenges
- shortage of transportation facilities
- Some incidences of unrest in the project areas leading to interruption in provision of basic services

### 3.3.3 OTHERS PERCEPTION OF SUCCESS

The review showed that project beneficiaries and stakeholders have different outlooks and perceptions towards the success of the project. Generally, the community members are appreciative of the successes achieved by the project regarding changing of the old-age negative perception toward CwDs. Parents / caregivers of CwDs and other beneficiaries of the project appreciate the project's success in dealing with the deprivation of social contact they have been experiencing for quite a long period because of the restricted capability of their children to perform certain activities. They are also thankful of the project because of the material and financial assistance given out to the target population and their improved access to basic services and better life style. Moreover, CwDs have recognized that the project's success is measured by the amount of work done to bring them out of the inhumane situation they were in before the initiation of the CBR project. A CBR field worker commented the following on how he perceives success of the project

“...As CBR staff we are now seeing how these children feel free from the psychological stress associated with their disability. It is really interesting to see that the children in question go to the residence of CBR staff to show their affection to the same and express their admiration to the project...”

A key informant from the government office also stated his perception of success as follows

“... I envisage that many things would be accomplished at the end of the project's life or after some years from now. What I want to see as a success of this project is when today's CwDs establish their own business and become productive citizens. Success for



me is when CwDs bring about fundamental change in their life and rely on nobody to meet their needs...”

### 3.4 SUSTAINABILITY ISSUES AND LESSONS LEARNED

#### 3.4.1 ASPECTS OF SUSTAINABILITY \_LAY /TACH ARMACHIHO

Sustainability plans were outlined at the design stage of the project. One of the main sustainability plans was networking CBR with UoG academic programs and community service agendas as the program is based in a government higher education institution where community service is given a higher priority and the University of Gondar will take over the program to sustain to benefit the community through different modalities in the academic exercises. The other plan was to work in close collaboration with government sectors so that these key sectors share the experience of the project and sustain the outcomes of the program. The review assessed the sustainability measures built in to the project based on the framework and below aspects of sustainability planning for CBR programs

##### - EFFECTIVE LEADERSHIP

CBR programs that employ effective management and leadership are highly likely to sustain than those programs without effective leadership and management. The fact that the CBR program was initiated and lead by the University of Gondar, which is a renowned academic institution with high credibility by the government, the local community and other stakeholders was found to be an opportunity to sustain the CBR program. On the other hand, the fact that the University of Gondar is relatively more known and credited for its health faculty and specialty in the provision of advanced health services may also be a threat in sustaining the non-health CBR components such as social, livelihood and education.

##### - PARTNERSHIP

Partnerships can help to make best use of existing resources and sustain CBR programs by providing mainstreaming opportunities, a greater range of knowledge and skills, financial resources and an additional voice to influence government legislation and policy relating to the rights of persons with disabilities<sup>4</sup>. The review indicated that the various stakeholders primarily Gondar university, the woreda health, education, women and child affairs office, the schools, the CCC and others seem to have a loose and informal relationship. The CBR project has managed to create a seemingly structure that has involved the key stakeholders. However, the synergy amongst the existing stakeholders is not active and cohesive. This could be mainly because of lack of formal arrangements, such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners' involvement. Furthermore, the seemingly absent clear definition of the nature and form of partnership with and among key stakeholders and clearly defined roles and shared responsibilities of each could have contributed to the limited availability and functionality of a systemic partnership. However, interviews carried out with key informants from the local government depicted a positive picture that show how the local government is involved and if they are ready to take over responsibilities. A representative from the Women and Children Affairs Office stated the following

“...We know that the project has managed to achieve tangible results due partly to the collective effort of the community and those of sector offices. By doing so we have invested our time, energy, knowledge, material and financial resources to bring about the

<sup>4</sup> World Health Organization(WHO). 2010. CBR Guidelines: Introductory Book let Towards Community Based Inclusive Development, 2010

desired result as far as changing the thinking of the community toward CwDs is concerned. In view of these circumstances we can self-confidently assert that our office has developed the necessary sense of ownership of the project. We are planning to make use of the CCCs in ensuring the sustainability of the project...”

A representative from the education sector also stated the following

“...One thing we can boldly say is that things will not go back to their previous situation / position even if the project’s life comes to an end and the donor withdraws its budgetary support. At the woreda level, the community is making financial contribution for the construction of extra classrooms, maintenance of buildings which are in despair and for purchasing educational materials to be given to poor children. Additionally, we have money available to help improve the delivery of quality education for students at all levels. Therefore, it is possible to make use of this budget to sustain the activities accomplished so far. The woreda education office is ready to take leading role to ensure sustainability of the project...”

A representative of the Woreda Health Office also commented the following

“...I think the project will continue and CwDs will no longer be discriminated against because of the creditable work done to date. But in case the project phases out there must be another entity that will take over the responsibility and ensure that the project will keep going. Besides, the community must be willing to financially support the activities...”

#### - COMMUNITY OWNERSHIP

Concerted effort has been exerted to create community sense of ownership of the project. Several members of the community have taken part in several training sessions which aimed at raising their awareness about the causes of disability. Unlike in the past when the community considered disability as something caused by divine punishment, curse and evil spirit, they have now acquired the requisite knowledge that the factors do not cause restricted capability to carry out certain activities. However, findings from the interviews and FGDs carried out showed that the level of community awareness and ownership created may not go to the extent of comfortably educating others about disability.

A key informant stated the following on this

“...without the project I am afraid the activities implemented until now will be reversed. Not all the people’s thinking and attitude which is based on lack of knowledge has been changed. The community whose negative thinking is changed will not dare teach other people...”

Furthermore, the review showed that the community resource towards the CBR program is not adequately mobilized thus the feeling of owning the project to the extent of ensuring sustainability of the project outcomes seems to be minimal. A key informant stated the following on this

“. Although a considerable proportion of the target community might have developed the sense of ownership of the project, I do not believe they will contribute resources, time, energy or effort to the project and ensure its sustainability...”

It is believed that the community care and support coalition will take over the responsibility of sustaining community level project activities and outcomes in case the donor withdraws its budgetary support and the project’s life time comes to an end. However, there is a need to strengthen the capacity of these groups and shift their focus beyond community awareness and mobilization activities and prepare them to take over responsibilities to ensure sustainability of the project. Furthermore, sustainable strategies and plans should be outlined for the CCC on how they will continue to integrate project activities and outcomes in their operation and sustain the project outcomes as well. Furthermore, the projects efforts to promote volunteerism and integrate voluntary service as part of its community level activities seem to be minimal. Voluntary service is one of the pillars for ensuring sustainability of CBR programs. Thus, the project needs to consider setting up a contextualized plan to promote volunteerism in support of the CBR program.

#### - USING LOCAL RESOURCES

One of the key interventions to ensure sustainability of CBR programs is to reduce the programs dependency on human, financial and material resources from external sources. In this regard, the project has played a key role in improving the socio-economic situation of parents and care givers of children with disabilities and other vulnerable children through engaging in income generating activities. However, the project interventions to systematically encourage and support these beneficiaries to take over responsibilities to provide for basic needs of their children is seemingly minimal. Thus, there still seems to be a continued feeling of dependency on the project among most of the IGA beneficiaries who participated in the review. This might threaten the potential for sustainability of the outcomes. Focus Group discussions carried out with IGA beneficiaries showed that the beneficiaries want the support to continue forever indicating that they are not ready to use income gained from the IGA to take over the responsibility to support their child by themselves when the project comes to an end. An FGD participant stated the following on this

“...If the project ends, we will be exposed to a serious problem and will go back to our daily laborer activities. “አባት ሲሞት ማልቀስ ይቀራል?” (one normally cries when a father dies). We will cry when the project stops. We started getting what we didn’t see or know before. A new born baby searches for his mother’s breast immediately after birth even though he doesn’t know her before. We are like the baby and we will feel bad if the project stops while we are waiting to get more from it...”

Another discussant in one of the FGDS carried out also said the following

“...If the support that we get from the project like uniform, exercise book and the like stopped, we will use our money, the seed money that we are using for income generating activities to cover their school material. And our life will go back to where we were before the project started supporting us...”

The review also showed that some of the rehabilitation materials and assistive devises such as wheel chairs that provided to the children are not produced locally making it difficult to replace the parts easily. The project

needs to strengthen its effort to initiate and strengthen partnerships with local institutions such as the Technical and Vocational education and training institutions to ensure that the spare parts are produced locally and accessed to the beneficiaries locally with affordable cost.

It was also found that most of the financial resources of the project are not self-generated from the community by the community. Thus, the project should also intensify its effort to ensure local resource mobilization by engaging the CCCs as agents to raise money from economically well-off members of the society and request the government to allocate some budget. In addition, the involvement of the private sector including local business men and other influential seem to be an area that requires strengthening. Involving the private sector in the overall design, implementation, monitoring and evaluation of CBR programs creates a wider opportunity to sustain the program with local resources.

#### - BUILDING CAPACITY

The project has carried out several capacity building activities to enhance the capacity of stakeholders to plan, implement, monitor and evaluate CBR programs. The skills training interventions that benefitted children with disabilities, business related trainings for parents and care givers who benefited from IGA support as well as trainings provided to teachers, students, health workers, social workers, the CCC and other stakeholders are all encouraging actions taken to ensure sustainability. The review found that these efforts might play as potential opportunities to ensure sustainability of the project outcomes.

However, regarding capacity of the key government stakeholders, most of the projects effort on capacity building seems to have focused on individuals rather than strengthening the capacity of the system with in the key government sector offices. Investing more on capacity building of the system rather than individuals who are replaced every now and then can be a viable approach to ensure better sustainability.

### 3.4.2 SUSTAINABILITY ISSUES\_CHILGA WOREDA

#### - THE ROLE OF SECTORAL LINKAGE AND MAINSTREAMING FOR SUSTAINABILITY

The review showed that the project had established strong collaboration with key stakeholders throughout its stay in the woreda. It has provided several trainings to pertinent partners' staff regarding the activities implemented. However, the achievement towards mainstreaming of child protection issues particularly disability was found to be minimal. A key informant from the health office stated the following on this

“...For various reasons which we are not aware of, the government has failed to make mainstreaming of children's problems possible. On the contrary, the project has exerted utmost effort to get the will of sector offices to mainstream child protection issues. But it is difficult to claim that the sector offices have mainstreamed child protection issues in their regular duty. Most of them are often doing their own normal jobs for which they are paid monthly salary...”

Regarding the projects linkage with the education sector, the review found that the education office was at the front position in the implementation of the project. This is because many of the activities of the project have direct implications on the sectors work. As part of addressing the challenges facing children with disabilities, the project organized several trainings to staff, and students to enhance their awareness on disability. Therefore, the project approached the problem by establishing partnership with sector office and stakeholders and mobilizing the community to get them actively involved in the operation. In the framework of mainstreaming child protection issues, the education office has been working hard to facilitate the admission

to school of CwDs. It has managed to establish three special needs centers. The government has also allotted some budget to arrange schooling for Children with hearing and visual impairment as well as to those who are mentally challenged. A key informant from the woreda education office commented the following on this

“...The education office has already started to mainstream child protection issues despite several challenges such as budget constraints (the budget is not enough) and the scale of the problem to be tackled. In fact, mainstreaming issues related to disability has become part and parcel of the education annual plan of action. Accordingly, the number of CwDs who join school is increasing which is attributed to change of the negative attitude of the community toward CwDs...”.

Through frequent training programs that were organized by the project, the Health Extension Workers (HEWs) were also able to acquire practical knowledge on disability related issues and the project has managed to fill the capacity gap of health staff in general and that of HEWs. A key informant from the health office commented the following on the partnership and sectoral linkage created by the project

“...The health office was implementing the project as one of the major health extension projects. We knew that CwDs and their parents/ caregivers are facing among others massive amount of health-related problems. Women or children with disabilities experience enormous problems during pregnancy and delivery. Hence, we gave special consideration to these people both during implementation of the project and in our daily routine. We considered the health services provided to CwDs and their parents as one of the 16 health extension packages of the government which are underway across the country...”

The sectoral linkage created with the women and child affairs offices was also instrumental in enabling the office to examine the scale of the problem and persuading and at times forcing parents or caregivers of CwDs to make their children visible to the community and send them to school. The police are also playing significant role in dealing with violations of the rights of children such as abduction, rape or forcing of children into sex and other violent treatment of children by bringing the suspected culprit / offender to the attention of a court of law.

#### - EXISTING OPPORTUNITIES FOR SUSTAINABILITY

The most important result achieved by the project was in changing the longstanding negative view of the community toward CwDs and their parents/ caregivers and influence the parents to avoid keeping their children from public sight. The project has laid down the necessary foundation for the community to find long-lasting solution for the problem which these families find themselves in. This can be considered as one opportunity to ensure sustainability of the project outcomes. Most of the review participants also agreed that the awareness creation activities have somehow sustained because the key agents in the community from the church and other social associations are providing information to parents who give birth to a child with some disability and encouraging them to take the children for basic health and social services.

One of the discussants stated the following on this

“In the past the project supported the disabled in many ways and their support is still giving a benefit for us and the disabled child. When we said, it is phased out in this Keble

it doesn't mean it has stooped its activity totally. The project is reaching and providing the service in other kebele. However, in our kebele if we get a child who didn't get the support and if there is newly born disabled child we will share our knowledge about disability. And told them the project might come again to address those who didn't get the support. Now we only provide advice and share our knowledge for other who doesn't get the support but we didn't make any support to get the necessary needs because of our economic problem. If I have the capacity to support financially I will support financially if not, I will advise the parents to enroll in to school and to take in to health facility and to cover the needs of the child. In general, I will do awareness creation”

Female care givers who participated in the FGDs also indicated that the project has left several lasting results that they are always proud of and they are ready to support the project if it starts operation in other kebeles that were not reached before. Some of the participants even mentioned that they will contribute money to support the project if it starts operation in other new kebeles where there are several children with disabilities who never had a chance to get such support.

One of the FGD participants said the following on this

“...I wish for the project not to stop its activity for those places not reached before. We will stand on the side of the project to encourage and assist on its work. Even if I am not that much strong to support economically, I thought day and night about the project how it should continue its activity in other places and I wish not to be tired before reaching other places. My child has mental problem. Even if her problem is sever and not able to attend school there are others who able to attend school and able to move getting cure and assisting device via this project. The project workers did a lot to make the immobile child mobile. They taught toddling for those disabled children who remained at home. Despite this type of big change that we get, there are places that are not reached by the project. So, I wish for others to get this type of big change and support through this project...”

Asked about what happened after the project phased out, the female parents and care givers of children with disabilities who previously received support from the project reported that they don't consider that the project has stopped and phased out. This, according to them, is because the projects efforts to strengthen the socio-economic condition of families of children with disabilities has succeeded and sustained even after the project has phased out. One of the discussants stated the following on this

“...We don't consider the project as it has phased out because it organized parents of children with disability in different saving group when it was active. So now there are already well established saving and credit groups. For example, today is our groups' monthly meeting. The aim of saving is to provide loan for the group members, parents of disabled child, to do different business activities. The loan has its own interest. The group members shared out when the interest is accumulated...”

However, most of the participants agreed that not all project activities and outcomes have sustained. One project activity worth mentioning is the coffee ceremony activity which brings together parents of children with disabilities, the children themselves and other community members together to discuss on issues related to disability and raise awareness couldn't sustain after the project phased out mainly because no one can cover the cost associated with the coffee ceremony. Furthermore, some of the saving groups organized with support

from the project have also ceased operation after taking the loan. The discussants were also asked about what they would do if they find a child with disability in their community who needs to be supported. Most of the participants responded that they would provide advice to the family about the possibility of education, health and other social interaction. They also indicated that they would advise parents to seek health service for the child at the hospital and try to help the child contributing money from their individual pocket.

However, some of the male parents and care givers who participated in the FGDs reported that they always wish the project has not stopped because, according to one of the discussants, the project was considered as “egzer bemidir” (God on Earth). They also added that the government should take the responsibility to keep the continuity of the project because there will be occurrences of disability at birth all the time. So, the project should exist and expand to solve the problem of new cases in different places. An FGD participant stated the following showing the continued need for support in the community after the project phased out

The review also showed that the woreda education office is taking actions to ensure sustainability of the project outcomes. A key informant from the woreda education office commented that the government has allocated budget to reach CwDs who didn’t benefit from the project because they were situated in geographically inaccessible kebeles. The key informant commented the following on this

“...Not all the areas / kebeles have benefited from the project because of several reasons. One is because most them are in-accessible. One must walk more than 12 hours to reach some of these neighborhoods. Because of this, the government is planning to reach these kebeles in its future undertaking. The necessary budget has already been allocated by the government for reaching out the unreachable. Accordingly, CwDs that live in those localities will be included in the forthcoming activities to be executed by the government. By doing so the government has decided to expand its operational sites and reach as many CwDs as possible. Our education office is planning to enroll a considerable number of CwDs in school in the coming Ethiopian academic year. The entire sector offices are expected to play vital role in continuing the activities...”

#### - IDENTIFIED REASONS THAT CONTRIBUTED TO OPPORTUNITIES FOR SUSTAINABILITY IN CHILGA

- ✓ **Livelihood improvement and economic empowerment support:** The small grant given to community members to start Income Generating Activities has not only alleviated their economic difficulties but also opened the way for their coming together and sharing their experiences even after the project has phased out. Moreover, some grown up children with physical disabilities have started to engage in such Income Generating activities such as shoe polishing. Some have managed to open shops and engage in the transaction of different goods and services.
- ✓ **Capacity Building Trainings provided to the health and Education Sectors:** the project provided a number of trainings to staff from partner offices at zonal and woreda level. For instance, through frequent training programs organized by the project, Health Extension Workers (HEWs) in the woreda were able to acquire practical knowledge and skills to implement health interventions targeting CwDs. Because the HEWs are government employees responsible for implementation of health extension packages on the ground, building the capacity of this sustainable work force helped in sustaining some of the health services initiated by the project. A key informant from the health office stated the following on this

*“...We considered the health services provided to CwDs and their parents as one of the 16 health extension packages of the government which are underway all across the country...”*

Furthermore, the projects role in enhancing the knowledge and skills of teachers and its role in improving the school, structure to respond to disability issues also helped to sustain some of the project activities even though the project has phased out.

- ✓ **Enhanced Collaboration and partnership with key sector offices:** The projects role in enhancing collaboration among the different actors was extremely useful to achieve the desired results and also create opportunities for sustainability. Almost all key actors and stakeholders managed to mobilize all the resources, under their disposal for the successful implementation of the project. Some of the sector offices deployed their own vehicles to alleviate the transportation problems that the project faced. According to key informants, the success of the project activities is for the most part attributed to the strong collaboration created between the project, on the one hand and sector offices and other stakeholders on the other. Also the government had shown great resolve for bringing the project to a successful end. All issues were collectively decided by stakeholders and / or sector offices that have direct interest in the project. A key informant from the education office stated the following on this

*“... all of us were very much involved at all stage of the project’s planning, implementation and monitoring. All activities that were to be performed on quarterly, biannual and annual basis were clearly stipulated in the plan. Our comments and opinions were seriously considered by the project and included in the plan. In fact, we had a common plan. Eventually the plans were made known by the kebeles...”*

- ✓ **Investment to improve community awareness and perception on disability:** The most important result achieved by the project that laid the foundation for sustainability of some project activities is the change in the longstanding negative view of the community toward CwDs and their parents/ caregivers and its influence on parents to avoid keeping their children from public sight. The project trained and engaged community leaders and influential people such as religious leaders to raise community awareness about disability and promote positive perception towards CwDs and their parents/caregivers. The project has laid down the necessary foundation for the community to find long-lasting solution for the problem.

### 3.4.3 LESSONS LEARNT

#### Focus on awareness and promotion

- One of the lessons learned and that can be replicated in other similar contexts is the need to focus on the promotive aspect of the health component of CBR programs. Focus on the awareness and health promotion aspect was key in the achievement of other aspects of the health component be it curative, rehabilitative, assistive devices and others. This is because, the CBR projects aggressive investment and effort to promote the fact that CwDs can be treated and can have a healthy and productive life just like other children in the area managed to convince parents and caregivers as well as communities to bring out children who were hidden for years for health services. The promotion effort also helped in improving delivery of basic services to CwDs because unless they were identified, they would have been denied the right to have access to basic services. This was made possible because of various



awareness raising activities. Additionally, these awareness creation activities were designed in a way that ensure the engagement of key actors (schools, government, community groups etc) found in the project implementation areas which potentially brought about significant changes in improving community awareness. The project proved that investing more on the promotion aspect of the health component of CBR projects ensures that other components of the CBR become successful.

### **Using a Right Based Approach to awareness and promotion**

- The project applied a right based approach and exerted aggressive effort to promote the message that disability is not a curse and that it can be treated. This approach has played a key role in increasing access to and utilization of health services among CwDs. This approach also helped to provoke discussions in other districts of the Amhara region on the need to address issues that children with disabilities and their parents face. This shows that the accomplishment of the project has already started to serve as a stimulus for people to implement similar activities within the region and beyond.

### **Importance of Engaging Schools**

- It was also learned that working closely with schools and mobilizing the school community where CBR projects are implemented plays a significant role in bringing about the desired change as far the protection of the rights of CwDs and their access to basic services is concerned. The schools available in the CBR project catchment area were instrumental in motivating parents to send their children to school. Additionally, the project has motivated students' group leaders to do more to challenge the unsubstantiated claim of the community that disability is caused by heavenly god through the transgression of his authority or will. Teachers have also been key players in this regard.

### **The need for Comprehensive and Holistic Support**

- The other lesson learned from this project is the need to ensure synergy between the awareness related project interventions on the one hand and the support package on the other being access to health services, education, economic opportunities and rehabilitative work for the individual children with their families. The project designed its interventions in a way that ensure synergy between awareness creation and service delivery (individual support) and the provision of holistic and comprehensive support played a key role for the results achieved so far.

### **The need to identify the lead agency for implementation of CBR projects**

- The fact that the CBR program was initiated and led by the University of Gondar, which is a renowned academic institution with high credibility by the government, the local community and other stakeholders is believed to have facilitated the successful results of the project. This shows that CBR projects need to consider community acceptance, credibility by key stakeholders and other pertinent issues when a lead partner in the CBR implementation is identified. On the other hand, the fact that the University of Gondar is relatively more known and credited for its health faculty and specialty in the provision of advanced health services might have created missed opportunities in terms of empowering and engaging other social science departments in the university to actively engage in the project for instance by providing psycho-social services for CwDs and CWAC. This shows the need to actively engage other relevant departments of the university of Gondar to play a direct role in ensuring effectiveness of project activities.

### **The importance of system level capacity building**

Most of the projects effort on capacity building and system strengthening focused on providing trainings

and organizing sensitization workshops for individuals representing key stakeholders and government offices. This has however contributed minimally to its system strengthening objectives. Thus, one of the lessons learned is on the need to focus on strengthening the approaches and methods through which the stakeholders and key sector offices mainstream disability and child protection issues in their activity and budget plans and follow proper monitoring, evaluation and learning methods.

### **The need for Formal arrangements for functional partnership**

- One of the key approaches to promote a functional and systemic partnership with key stakeholders of the CBR project is having some formal arrangements such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners' active involvement. Such formal arrangements also provide clear guidance on the nature and form of partnership required with each stakeholder and among stakeholders as well as a specific definition and outline of the key roles and responsibilities of each stakeholder.

#### **3.4.4. REPLICABILITY OF PROJECT COMPONENTS/APPROACHES**

The review showed that the following project components and approaches can be replicated in other countries with similar contexts and in other SCN programs

- **AWARENESS RAISING AND COMMUNITY MOBILIZATION**

In order to improve community awareness on disability issues and promote positive attitude towards CWDs, the project implemented a number of activities including coffee ceremony sessions, celebration of the African child day and the international disability day, schools based sensitization events, training on basic child wellbeing, leadership and communication, monthly community conversation/dialogue sessions and provision of positive parenting education for selected community members.

These awareness creation and community mobilization activities were designed in a way that ensure the engagement of key actors found in the project implementation areas including religious leaders, school community, government sectors and other community level structures such as the Community Care Coalitions. These efforts brought significant change on the longstanding negative view of the community toward CwDs and their parents/ caregivers and made a positive influence on the parents to avoid keeping their children from public sight. Children and their parents also started developing the confidence to ask for the protection of their rights.

The awareness and community mobilization efforts proved to be effective in promoting community awareness about the cause of disability and that most CwDs are creative and perform extraordinary things if they are given the opportunity to participate in the social life of the community and are not discriminated against. These achievements indicate the importance of wide community mobilization and promotion activities in any CBR project in creating a favorable foundation to curb the structural barriers, promote community ownership of CBR interventions and achieve a better life for CwDs in the community. This approach can be easily replicated in other communities where there is a deep rooted negative perception and lack of community awareness towards disability and can also be mainstreamed in other child protection programs of SCN.

- **PROMOTING PARTICIPATION OF CWDs IN PROJECT, SCHOOL AND OTHER SOCIAL ACTIVITIES**

The project has carried out several activities to promote community participation in general and participation of children with disabilities, other vulnerable children and their parents and care givers in particular. In order to promote participation of children with disabilities in various project activities, the CBR program supported

the establishment and strengthening of child right/wellbeing and disability school clubs that are involved in different child protection activities including community awareness creation on disability.

Children with disabilities are actively involved in the clubs and get the benefit of equal opportunity and treatment in the school services. Moreover, the participation of children in the schools has brought a wider impact in the communities where the schools are located. As the children's clubs organize dramas and poems to teach about societal malpractices towards children with disability. Furthermore, the project recognizes that participation of children and youth with disabilities in sport activities can bring a great impact to improve the social participation and integration of people with disabilities in their societies. As a result, the CBR program started working with the district sport administration office and children with disabilities were selected to attend regular training by the sport office. Moreover, 20 youth with disabilities were selected from the disabled people organization to be trained by sport office by a professional regularly on Paralympics. The project also supports activities to make sure that CwDs have access to mini media that transmits important messages to the school community.

To this end the participation of children in the CBR project has impacted the lives of children in various ways. Other children have reported that their participation in these activities has changed their knowledge and actions towards persons with disability. As a result, children with disabilities in schools are not any more discriminated rather they participate and provided with access to various services in the school. Such effective interventions that promote active participation of CwDs in school, community and social activities can be easily replicated in other similar situations and contribute to effectiveness and sustainability of similar CBR programs elsewhere.

#### - ENGAGING SCHOOLS

Working closely with schools and mobilizing the school community where CBR projects are implemented plays a significant role in bringing about the desired change as far the protection of the rights of CwDs and their access to basic services is concerned. Through its capacity building support and school based child protection and participation structures, the project has managed to actively engage the school community to act as role models and agents to convey important messages on disability to the community. The schools have also been instrumental in motivating parents to send their children with disabilities to school. The disability school clubs and teachers also played a role in challenging the deep rooted perception in the community that disability is caused by heavenly god through the transgression of his authority or will. The trainings and other capacity building support provided to the school community (students, teachers, school principals, etc.) largely contributed to the overall improvement towards better access to education for children with different disabilities and in improving disability inclusive education service in the targeted schools. The findings indicate that ensuring active engagement and participation of schools in CBR programs is key. This approach can be replicated in other similar contexts elsewhere to ensure effectiveness of CBR programs.

#### - PROMOTING SOCIOECONOMIC EMPOWERMENT OF PARENTS AND CARE GIVERS OF CwDs

The CBR project organized parents of CwDs in local saving groups and provided them with seed money to start their own small businesses (Income Generating Activities) that they consider to be feasible. This initiative was intended to improve the livelihood of parents of children with disabilities and ensure sustainable ways to meet the basic needs of their children (with disabilities). In order to make the beneficiaries profitable/successful, a basic business skills training has been given prior to depositing the startup capital/money in their bank account. Most of the IGA beneficiaries have started engaging in local marketing, local beverages preparation like malting of grains, home gardening, production and cultivation of vegetables, sheep rearing etc. Moreover, some grown up children with physical disabilities have started to engage in Income Generating activities such as shoe polishing. Some have managed to open small shops and engage in the transaction of different goods and services. These people are now getting good profit from their investment on viable business enterprises and improving

their socio-economic status. Thanks to the IGA support, many of these poor household are sending their children to school and can now afford the medical expense for their family. Furthermore, many CwDs and other vulnerable kids who were on the verge of leaving school changed their mind and continued their education because of the project's support. Generally, the socio-economic status of poor people toward which its effort is directed has improved.

This intervention has proved to be effective in giving lasting solutions to CwDs and their parents/ caregivers to set up their own business and not to rely on charitable free handouts for their survival. It also plays a key role in ensuring sustainability of the project outcomes. This approach to promote socio-economic empowerment of parents and care givers of CWDs can also be replicated elsewhere in similar contexts where poverty and financial barriers play as among the underlining causes that limit CWDs from exercising their basic rights and accessing basic services.

## **4 CONCLUSION AND RECOMMENDATION**

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### **4.1 CONCLUSION**

The CBR project is highly relevant in meeting the existing needs of the target beneficiaries including children with disabilities, their parents'/care givers as well as other children without appropriate care in the target community. The project is particularly relevant in transforming the discriminatory attitude and practice of the community towards CwDs and improving their access to basic services such as health, education and social protection and empowerment.

The CBR project is implementing all the recommended components which are health, education, livelihood and child protection and empowerment. Furthermore, both individual support and mainstreaming (systemic change) interventions are being implemented by the project to ensure that CwDs, their parents/care givers and other vulnerable children have access to holistic and integrated services and opportunities to enable them become active contributors and participants in their communities. There is also a significant synergy between the awareness related project interventions on the one hand and the support package on the other being access to health services, education, economic opportunities and rehabilitative work for the individual children with their families.

The CBR project has done quite important job by persuading sector offices (Health, Education, Women and Child Affairs, Social Affairs) to pay attention to child protection issues and at the same time mainstreaming these issues with their day-to-day activities. However, the result gained from the promotion of intersectoral linkages among key sectors and create synergy to address disability issues in a coordinated and sustainable manner seems yet to come. Furthermore, the projects effort and activity related to advocacy to influence systemic changes among key sector offices seems to be an area of improvement. The CBR project is working closely with various stakeholders both at the community and government level and the project has created a seemingly structure that has involved the key stakeholders. However, the various stakeholders seem to have a loose relationship and the synergy amongst the existing stakeholders is not active and cohesive.

The project has implemented several activities to ensure participation of CwDs, their parents and care givers as well as the community in its project related activities. However, the effort made to ensure participation at design and planning stage as well as monitoring and evaluation appears to be an area that requires strengthening. Furthermore, the projects effort to ensure participation of children with various disabilities, especially those with intellectual challenges was found to be minimal.

The project seems to have put in place several approaches that will promote opportunities for sustainability of the project outcomes. The use of effective leadership in management of the project in general and the high credibility and trust associated with the University of Gondar as a lead institution in the CBR project is one opportunity to ensure sustainability. Furthermore, the projects investment on capacity building and mainstreaming both at community level and government sector offices are believed to boost opportunities for

sustainability. In addition, the community ownership of the project and its causes that is being developed in the community coupled with the socioeconomic improvement of families and care givers because of the IGA support provided by the project can also play a key role in ensuring the sustainability of the project outcomes. However, the project needs to re-strategize its partnership approaches to make sure that a functional and system based partnership is created with and among the key stakeholders to maximize opportunities for sustainability. Furthermore, efforts that cater to the use and mobilization of local resources need to be strengthened.

## **4.2 RECOMMENDATIONS**

Based on the main findings of the project review, the following recommendations are forwarded for consideration and action

### **Recommended Actions for Save the Children and University of Gondar**

- Most of the projects effort on capacity building seems to have focused on individuals rather than strengthening the capacity of the system with in the key government sector offices. Investing more on capacity building of the system rather than individuals who are replaced every now and then can be a viable approach to ensure better sustainability.
- The project needs to reconsider its approaches to creating a functional and systemic partnership with key stakeholders. Among others, formal arrangements such as service agreements, memorandums of understanding and contracts that can help secure and sustain partners' involvement could be considered. Furthermore, the nature and form of partnership required with each stakeholder and among stakeholders need to be clearly defined and roles and shared responsibilities of each should be outlined.
- The project needs to consider advocacy efforts at different levels to influence systemic changes to mainstream disability and other child protection issues in addition to its capacity building activities targeting individuals in key government sectors.

### **Recommended Actions for the University of Gondar**

- The project needs to make effective use of the social science departments at Gondar University (such as sociology, psychology, etc.) to improve access to social support such as counseling, psychotherapy etc. for CwDs and other children without appropriate care.
- The efforts to promote participation of CwDs, CWAP and the community at project planning and monitoring phases need to be strengthened as the focus so far seems to be participation at implementation phase. For instance, child participatory methods could be used to gather information at project planning and monitoring stage to give target children a voice and identify their actual needs directly from them and design implementation approaches that work for their context.
- A Concerted effort has been exerted to create community sense of ownership of the project. However, findings showed that the level of community awareness and ownership created may not go to the extent of comfortably educating others about disability. Thus, the project needs to identify, train and empower voluntary role model community members who will take the initiative and responsibility to carryout community awareness and education on issues pertinent to the project objectives.

- Voluntary service is one of the pillars for ensuring sustainability of CBR programs. The projects efforts to promote volunteerism and integrate voluntary service as part of its community level activities should be strengthened by setting up a targeted and contextualized strategy and plan to promote volunteerism in support of the CBR program.

#### **Recommended Actions for the University of Gondar and Woreda Health, Education and Women Affairs Offices**

- Most of the projects resource is mobilized from external funding sources. In order to expand opportunities for sustainability, the project needs to strengthen its interventions to ensure adequate use and mobilization of local and self-generated resources including from the local government, the community, stakeholders and others.
- The project needs to strengthen its effort to initiate and strengthen partnerships with local institutions such as the Technical and Vocational education and training institutions to ensure that the spare parts for assistive devices are produced locally and accessed to the beneficiaries locally with affordable cost.
- Sustainable strategies and plans should be outlined for the CCC on how they will continue to integrate project activities and outcomes in their operation and sustain the project outcomes as well.

#### **Recommended Actions for the University of Gondar and Woreda Microfinance Office**

- In order to strengthen opportunities for sustainability of the women IGA and saving groups, the project needs to consider ways to work with the woreda microfinance office and link the existing women IGA and saving groups with the woreda microfinance structure so that they will have better access to business opportunities

## **ANNEX: CASE STUDIES**

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### CASE STUDIES

#### **CASE STUDY I: THE ROLE OF INTEGRATED COMMUNITY AWARENESS AND PARTICIPATION IN REDUCING STIMA AND DISCRIMINATION AGAINST CHILDREN WITH DISABILITIES AND THEIR FAMILIES**

##### **Introduction**

Few years ago, the situation of children and youth with disabilities and other children without appropriate care in Lay Armachiho/Tach Armachiho woreda was very worse. This was mainly because the level of awareness of the community about disability was very low that it contributes to the exclusion of children with disabilities and their families. The majority of parents of children with disabilities were also uneducated and had very low awareness about disability and rehabilitation. This has significantly limited the contribution of the community in

the efforts to promote the inclusion of children with disabilities and their families in the community and led to the situation in which these children were excluded from school, health service and from social life in their community. Thus, children with disabilities were denied of access to basic services including health and education and most of them were hidden in their house and liable to any form of abuse. To the dismay of the entire community, CwDs could not get adequate food and other essential supplies due to rampant poverty in the area. Until very recently children who are mentally challenged have been discriminated against by the larger community and were even neglected by their biological parents. Hence, children with disabilities in general and those with intellectual challenges in particular were completely lacking in their first line of protection and were not provided with proper nutrition.

#### **Area of investigation and description of case**

The main objective of this case study was to assess and document the role of integrated community awareness and participation interventions in reducing stigma and discrimination against children with disabilities and their families. A CBR project that doesn't integrate strong community awareness and participation component would not deliver the desired results, especially with regard to promoting wellbeing and protection of children with disabilities and their families from different forms of neglect, abuse, stigma and discrimination. Thus this case study looks in to how the CBR project in Lay Armachiho/Tach Armachiho used community awareness and participation as an approach to promote better integration and inclusion of children with disabilities and their families in the target community and improve access to health, education and child protection services for children with disabilities.

#### **Methodology**

The case study employed qualitative methods of data collection that include Focus Group Discussions, Key informant Interviews and child participatory methods. Project beneficiaries including children with disabilities and their parent's/care givers, representatives of community level child protection structures such as the CCCs, representatives of key government offices at woreda level participated as informants.

#### **Program Response**

In order to improve community awareness on disability, the project implemented several community education and social mobilization activities in the project implementation community. Celebration of the African child day and the international disability day, school based sensitization events, establishment of community and school based child protection structures, provision of training on basic child wellbeing concepts for community members and stakeholders, conducting monthly community conversation/dialogue sessions and coffee ceremonies, providing positive parenting education for selected community members and workshops for child protection service providers were among the community mobilization activities carried out. Additionally, these awareness creation and community mobilization activities were designed in a way that ensure the engagement of key actors found in the project implementation area such as schools, community leaders, government stakeholders etc. This strategy has potentially brought significant achievement in improving community awareness on disability and related issues as well as on the need to provide protection and care for the wellbeing of children with disabilities.

#### **Results and Outcomes**

The integrated awareness raising and community participation activities implemented by the project contributed to significant achievements in improving the longstanding negative view of the community toward CwDs and their parents/ caregivers and also influenced parents to avoid keeping their children from public sight. Unlike in the past when CwDs were kept in undisclosed places inside their homes, the situation of these children in terms of having access to social services and legal protection is gradually improving. Several children who previously were unable to walk can now move from one place to another by using wheelchair and other types of devices. Moreover, the children and their parents have started to develop the confidence to ask for the protection of their rights. Several children are no more kept out of public sight because of the challenges

they are experiencing and their parents are no more ashamed of the same to which they are not to blame. A mother of a child who benefited from the project commented the following on how community awareness about CwDs and other vulnerable children has changed as a result of the project

“... Before the commencement of the project, our children spent the whole day in their home. There was no opportunity for them to attend schooling. They did not have a chance to chat or play with their peer group or people of the same standing in age. Before the project, CwDs were not revealed to other people because of the stigma attached to the problem. We now know that disability is not attributed to bad luck, sin, divine damnation, evil spirit and curse. We are no more discriminated against on account of the physical or mental disability of our children. The community is now aware that every one of us can face the same problem in our life time. We are sure through their interaction with the larger community our children can be educated and value their life despite their disability...”

Presently, most parents/ caregiver of CwDs are not scared of revealing their children to the public. They understand disability is not caused by evil spirit or curse of their ancestors or any other group or individual within their community. It is also worth mentioning that the community has accustomed to reporting to the police or to any other relevant agency/ agencies of any child abuse including those of CwDs they may come across with. A community member stated the following on this

“...We now know that disability is not attributed to bad luck, sin, divine damnation, evil spirit and curse. We are no more discriminated against because the physical or mental disability of our children. The community is now aware that every one of us can face the same problem in our life time. But inhabitants in the rural areas have no awareness about the cause of disability because they have no access to information that challenges the wrong perception they have developed since their childhood. We are sure through their interaction with the larger community, our children can be educated and value their life despite their disability...”

Thanks to the community awareness and participation interventions, project caregivers/ parents of CwDs can freely participate in the social life of their community. They can participate in all activities that affect the social and economic life of their community. They can attend wedding ceremonies, funeral processions and any other ritual.

Because religious leaders do enjoy the respect and confidence of their respective followers it is quite easy to reach the community through them. Accordingly, the project has made effective use of this opportunity to achieve its objectives. Following the training sessions provided to religious leaders, they have been making important contribution in changing the deeply entrenched negative mindset of the community toward CwDs. The community awareness and participation activities of the CBR project were also instrumental in getting children enrolled in schools and in dealing with the dishonor they have been experiencing for quite a long period.

Generally, CwDs and their parent's/care givers and other vulnerable children now have better access to basic services including education, health care and child protection. Due to intensive awareness given to their parents and the community, most of CwDs have started to make effective use of the available services. Unlike in the past when CwDs were kept in undisclosed places inside their homes, the situation of these children in terms of having access to social services and legal protection is gradually improving. Children who previously were unable to walk can now move from one place to another by using wheelchair and other types of assistive devices. The project was highly relevant in meeting the existing needs of CwDs, other vulnerable children and their parents or care givers.



The significant improvements in attitude towards children with disabilities that resulted from the community awareness and participation interventions of the CBR project entail that the design and implementation of CBR projects need to give adequate attention to integrating community mobilization and participation interventions.

## **CASE STUDY TWO: INTEGRATING CBR HEALTH INTERVENTIONS IN GOVERNMENT HEALTH EXTENSION PROGRAM**

Before the onset of the CBR project in Lay/Tach Armachiho woreda, the general health condition of children with disabilities and their access to health facilities can be generally characterized as poor and inaccessible. And before the start of the health extension service program by the government, the local communities were expected to travel to Gondar to get health services to the various health challenges they face. Moreover, the landscape of Northern Gondar is always a challenge for transportation and mobility. This challenges of the community have been finally addressed through the introduction of health extension workers who are going house to house to the rural community and detect if there are any health challenges that children and families are faced with. Then after they use referral and linkage to the various health posts and hospitals to provide communities with the right health services. The services that the health extension workers provide are ultimately promotion of community health through prevention programs like awareness raising, early detection, referral and treatment of various types of health problems within communities. Moreover, the fact that this health extension worker are going home to home within communities and that every community segment have their own health extension workers have made them easily accessible for the members of the community. As some of the disability conditions are related to health issues it is part of the work of the health extension workers to respond to disability conditions if identified earlier. However, the health extension workers do not emphasize in the rehabilitation work.

### **Area of investigation and description of case (1/2 page):**

The main objective of this case study was to assess the role that integration of CBR health interventions with the government health extension program played in improving access to and utilization of health information and services among children with disabilities and other children without appropriate care.

### **Methodology**

The case study employed qualitative methods of data collection that include Focus Group Discussions, Key informant Interviews and child participatory methods. Project beneficiaries including children with disabilities and their parents'/care givers, representatives of community level child protection structures such as the CCCs, representatives of key government offices at woreda level participated as informants.

### **Program Response**

Thus the CBR project partnered with the woreda health office and created the synergy between the health extension workers and the CBR Filed rehabilitation workers. To enhance the referral practice of children and youth with disabilities capacity building training for health extension workers and community members was one of the approaches that the project followed. To this end around 77 government health extension workers

were trained on disability, referral system and basic rehabilitation service. Among the trained health extension workers, a total of three HEWs received sign language training which helped them to communicate the health care needs of children with deafness. And the benefit of the cooperation is that the health extension workers as compared to the CBR filed rehabilitation workers they reach a large segment of society and they also deal with a wide range of health issues than the CBR filed rehabilitation workers. Consequently, the health extension workers refer children with disability to the CBR filed rehabilitation workers so that they could provide children with disabilities with all ranges of rehabilitation services.

## Results and Outcomes

As a result of this integrated interventions, children and youth with different kinds of disabilities received home based rehabilitation services. Furthermore, medical care and assistive device referral support has been provided during the previous project implementation period. So far 200 children and youth with disabilities received a higher-level referral services and medical treatment from Hospitals at Gondar and Addis Ababa.

The situation of children with disability with respect to hygiene practice was very poor and this has eventually led to different kinds of health problems. It was after the introduction of this approach to improve the awareness of the care taker on different care practice that the hygiene and health condition of the targeted children improved. Care takers are now in a better position and awareness on disability inclusive hygiene and sanitation practice in the household. A key informant commented the following on this

“...We didn’t think about education and health of the disabled child rather we considered them as useless. We were considering them as foolish and didn’t keep their personal hygiene. But we become aware after we started participating in this project...”  
(A female FGD participant)

This cooperation between the health extension workers and the CBR filed rehabilitation workers can be considered as a strong mechanism to reach a wider segment of society through an already existing structure, which can ensure sustainability of the CBR project work easily. Moreover, there is preparation from the woreda health office that when the CBR project phases out that they will take over through their health extension workers.

## ANNEX: DATA COLLECTION TOOLS

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# ANNEX I: KEY INFORMANT INTERVIEW GUIDES

### KEY INFORMANT INTERVIEW GUIDE I

#### SOURCES OF INFORMATION

- **Save the Children staff at project office level**
- **CBR Field workers at kebele level**
- **CBR Field Supervisor at woreda level**
- **CBR Coordinator**
- **CBR Director**
- **Birhan Lehitsanat Representative**

#### Introduction and Consent

Hello. My name is \_\_\_\_\_, and I am from Deep Dive Research and Consulting PLC. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda. The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond. We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared to anyone else except the review team. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

Are you willing to take part in the study? (Circle)

1. Yes                      2. No

I read the information and procedures to each study participants.

I asked if the study participants have any questions and tried to address all of them to the best of my capacity. Each person is willing to take part in the study.

**Do you have any question before we start our discussion?**

Name of Interviewer/Facilitator			
Date of Interview			
Start time	he/mm _____	<u>End Time</u>	he/mm _____
Signature	_____		

**Section 1: Socio Demographic Background**

Woreda	
Kebele	
Age	
Sex	
Name of Organization represented	
Position/Responsibility	

**Section 2: General/ Ice Breakers**

- 2.1. Let’s start our discussion by talking about your role and participation in the project.
  - At what capacity are you taking part in the implementation of the project
  - What role are you playing in implementation of this project?
- 2.2. Considering the situation and need in the woreda, what were the reasons that initiated the project
- 2.3. What are the main objectives of the project?
- 2.4. What main approaches does the project follow to achieve its objectives
- 2.5. What are the three things that you like most about the project?

**3: MAIN GUIDING QUESTIONS**

**3.1. Project Components (cross thematic model)**

- Let’s start by discussing the main objectives of the project. What are the main objectives of the project? What was done by the project to achieve the objectives and address identified needs? What are the main components of the project and how does the project model function (what is the ‘pathway to change/ chain of logic)?
- How has the project implemented an approach that combines both systemic change(mainstreaming) and individual support? How successful was this approach?
- Does the project work with partners’/sector offices? If yes, with which partners’/sector offices is the project working? How?
- How does the project work across sectors (health, education, child protection etc.)?
- What are the benefits of the intersectoral approach and challenge?

**3.2. Results, lessons learnt, challenges, barriers and enablers**

- What has changed because of the project interventions?

- What are the main results achieved?
- What are the approaches of the project that show promising results toward increasing Access to protection, education and health for children with disabilities and other vulnerable children?
- What are the factors that are hindering the project from achieving its results?
- What were the main factors that are assisting the project to achieve its objectives?
- What do you envision to be a success from this project? Why?
- What do the various actors (communities, service providers, parents and children with disabilities/without appropriate care etc.) think of the success? What is success for them? How do they think that they have benefited?
- What are the main lessons learned and best practices so far?
- What are the main learnings from the project approach that can be applied to improve participation of children with disabilities and other vulnerable children?
- What do you think are the promising practices associated with the project and its interventions?
- What are the main results achieved so far measured against the project objectives?

### 3.3. Partnerships and Children Participation

- How effective is the projects effort in promoting partnership with key actors?
- How do you assess the level of partnership created between your organization and the project? Why?
- To what degree do the partners have ownership to the project (University of Gondar, Handicap national, Ministry of labor and social affairs, women and children affairs, education and health and other government agencies)?
- To what degree have the partners contributed to the success of the project?
- Have other disabled people's organizations been identified (including organizations of parents of CwDs) as potential partners to the project?
- What opportunities were created to ensure your organizations ownership to the project? What was the level of participation and involvement of key partners and stakeholders at the project planning and design stage? Why?
- What is the level of participation of key partners and stakeholders in implementation of the project?
- What was the level of participation and involvement of CwDs and other community members at the project planning and design stage? Why?
- What is the level of participation of CwDs and other community members in project implementation?
- How did the project insure representation of children with different types of disabilities at the project design and planning stage? What about at project implementation process?
- What is the level of participation of CwDs and other community members in project monitoring?
- What gender sensitive and responsive interventions were implemented by the project?
- Were there efforts to make project interventions gender responsive? What were these efforts? How successful were these efforts? Why?

### 3.4. Sustainability/Replicability

- How are sustainability measures built in to the project?

- How do you assess the level of community ownership of the project? Why? What evidences can you mention?
- How is the local government involved and are they ready to take over responsibilities?
- How could the results influence at the national level and national policies?
- Is there potential for scaling up/replicate in other districts in Gondar (for other areas in Ethiopia)?
- What would it take for this to happen?
- What are the lessons learned and success factors that other country offices could; learn from?
- To what extent can the project/project components be replicated in other country contexts?

Is there anything that you would like to add before we close out interview?

Thank you for your time

## KEY INFORMANT INTERVIEW GUIDE 2

### SOURCES OF INFORMATION

- **Woreda Administration focal person**
- **Woreda health office focal person**
- **Woreda Education office focal person**
- **Woreda Bureau of Labor and Social Affairs**
- **Woreda Women and Children Affairs**
- **Community Based Care and Support Coalition**

### Introduction and Consent

Hello. My name is \_\_\_\_\_, and I am from Deep Dive Research and Consulting PLC. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda. The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond. We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared to anyone else except the review team. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

Are you willing to take part in the study? (Circle)

2. Yes                      2. No

I read the information and procedures to each study participants.

I asked if the study participants have any questions and tried to address all of them to the best of my capacity. Each person is willing to take part in the study.

**Do you have any question before we start our discussion?**

Name of Interviewer/Facilitator			
Date of Interview			
Start time	he/mm _____	<u>End Time</u>	hh/mm _____
Signature	_____		

**Section 1: Socio Demographic Background**

Woreda	
Kebele	
Age	
Sex	
Name of Organization represented	
Position/Responsibility	

**Section 2: General/ Ice Breakers**

- 2.1. Let’s start our discussion by talking about your role and participation in the project.
  - What do you know about the objectives and approaches of the project?
  - How did you first know about the project?
  - At what capacity are you taking part in the implementation of the project
  - What role are you playing in implementation of this project?
3. What are the three things that you like most about the project?

**3: MAIN GUIDING QUESTIONS**

**3.1. Project Components (cross thematic model)**

- How does the project work across sectors (health, education, child protection etc.)?
- How do you assess the projects role and effectiveness in mainstreaming child protection issues across sectors? Why? Why not? (Probe for health, education and child protection separately)
- What approaches were used to mainstream child protection issues in your sector? Which approach was effective, how?
- What are the benefits of using the inter sectoral approach to promote access to protection, education and health for children with disabilities and other vulnerable children?
- What are the challenges with this approach?
- What do you recommend to address the challenges with the inter sectoral approach?

**3.2. Results, lessons learnt, challenges, barriers and enablers**

- What are the approaches of the project that show promising results toward increasing Access to protection, education and health for children with disabilities and other vulnerable children?
- What are the factors that are hindering the project from achieving its results?
- What were the main factors that are assisting the project to achieve its objectives?

- What do you envision to be a success from this project? Why?
- In what way, do you think your office/coalition is benefitting from this project?
- What do you think your office/coalition is contributing to the success of this project?
- **What are the main lessons learned from the implementation of the project so far?**
- What are the main learnings from the project approach that can be applied to improve access to basic services and participation of children with disabilities and other vulnerable children in other projects in Ethiopia or abroad?
- What do you think are the promising practices associated with the project and its interventions?

### 3.3. Partnerships and Children Participation

- How effective is the project's effort in promoting partnership with key actors?
- How do you assess the level of partnership created between your office/coalition and the project? Why?
- What opportunities were created to ensure your office/coalition ownership to the project? How do you evaluate the level of ownership your office/coalition must to the project?
- What were the roles and contributions that your office/coalition is making to the success of the project?
- What was the level of participation and involvement of key partners and stakeholders at the project planning and design stage? Why?
- What was the level of participation and involvement of key partners and stakeholders in project monitoring? Why?
- How was your organization involved at the project planning and design stage?
- What is the level of participation of your office/coalition in implementation of the project?
- What is the level of participation of your office/coalition in project monitoring?
- What was the level of participation and involvement of CwDs and other community members at the project planning and design stage? Why?
- What is the level of participation of CwDs and other community members in project implementation?
- How did the project insure representation of children with different types of disabilities at the project design and planning stage? What about at project implementation process?
- What gender sensitive and responsive interventions were implemented by the project?
- Were there efforts to make project interventions gender responsive? What were these efforts? How successful were these efforts? Why?

### 3.4. Sustainability/Replicability

- What opportunities are there to ensure sustainability of the project and its outcomes?
- What sustainability measures are built in to the project?
- What measures have been taken and approaches have been used to ensure sustainability of the project? How do you assess the readiness of partners to take over responsibilities to ensure sustainability of the project?
- How is the readiness of your organization to take some of these responsibilities? Why? Why not?
- How do the results of the project influence at the zonal, regional and national level?
- How do the results influence national policies?



- What are the potentials for scaling up/replicating in other districts in Gondar (for other areas in Ethiopia)? What would it take for this to happen?

Is there anything that you would like to add before we close out interview?

Thank you for your time

## KEY INFORMANT INTERVIEW GUIDE 3

### SOURCES OF INFORMATION

- Health Extension workers
- School teachers/principals
- Social Workers

### Introduction and Consent

Hello. My name is \_\_\_\_\_, and I am from Deep Dive Research and Consulting PLC. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda. The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond. We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared to anyone else except the review team. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

Are you willing to take part in the study? (Circle)

4. Yes                      2. No

I read the information and procedures to each study participants.

I asked if the study participants have any questions and tried to address all of them to the best of my capacity. Each person is willing to take part in the study.

### Do you have any question before we start our discussion?

Name of Interviewer/Facilitator			
Date of Interview			
Start time	hh/mm _____	<u>End Time</u>	hh/mm _____
Signature	_____		

**Section I: Socio Demographic Background**

Woreda	
Kebele	
Age	
Sex	
Name of Organization represented	
Position/Responsibility	

**2: MAIN GUIDING QUESTIONS**

- 2.1. Let’s start our discussion by talking about your role and participation in the project.
- What do you know about the objectives and approaches of the project?
  - How did you first know about the project?
  - At what capacity are you taking part in the implementation of the project
  - What role are you playing in implementation of this project?

What are the three things that you like most about the project?

- 2.2. What are the direct individual support services provided by the project?
- 2.3. Who benefits from the individual support services? How?
- 2.4. What are the desired changes among the beneficiaries that resulted from the projects support?
- 2.5. How do you assess the trend in availability, accessibility and utilization of basic services for children with disabilities and other vulnerable children in this woreda comparing it to what it was like three years ago, two years ago?

Probe for the following services separately

- Health services
  - Education services
  - Social protection services
- 2.6. How do you assess the role and contribution of the project in promoting availability, accessibility and utilization of basic services for children with disabilities and other vulnerable children in this woreda?
- 2.7. What is the relevance of the project in meeting the existing needs of children with disabilities and other vulnerable children and addressing their problems?
- 2.8. How are the CwDs and other vulnerable children participating in the project? What about other community members (parents’/care givers)?
- 2.9. How is the project responding to gender issues? What approaches and activities are being implemented in this regard?
- 2.10. What are the factors that are hindering the project from achieving its results?
- 2.11. What were the main factors that are assisting the project to achieve its objectives?
- 2.12. What do you think are the promising practices associated with the project and its interventions?

- 2.13. Do you think the outcomes gained from this project will be sustainable? Why? Why not?  
Which outcomes? why? Why not?
- 2.14. What measure do you think could be taken to make the project sustainable?

Is there anything that you would like to add before we close out interview?

Thank you for your time

## ANNEX 2: FOCUS GROUP DISCUSSION GUIDE

I

### SOURCE OF INFORMATION

- **Care Givers/parents of children with disabilities and other vulnerable children**

#### Introduction and Consent

Hello. My name is \_\_\_\_\_, and I am from Deep Dive Research and Consulting PLC. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda. The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond. We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared to anyone else except the review team. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

Are you willing to take part in the study? (Circle)

5. Yes                      2. No

I read the information and procedures to each study participants.

I asked if the study participants have any questions and tried to address all of them to the best of my capacity. Each person is willing to take part in the study.

#### Do you have any question before we start our discussion?

Name of Facilitator			
Date of FGD			
Start time	hh/mm _____ _____	End Time	hh/mm _____ _____
Signature	_____		

**Section 1: Socio Demographic Background**

Area		Woreda	
		Kebele	
Codes			
Educational qualification	0. Never been to school 1. Primary 2. Secondary 3. Technical/Vocational 4. Higher	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. Others (Specify)_____

S. No	Age	Educational Background	Marital status
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Section 2: Main Guiding Questions**

- 2.1. Today we will discuss on some issues related to the “Access to protection, education and health for children with disabilities and other vulnerable children” project being implemented in your kebele. Let us start by discussing what you know about the project.
  - How did you first hear about the project?
  - In what way are you participating in the project?
  - How and what did you benefit from this project? Probe for the following
- 2.2. How was your and your child’s life like before you started participating in the project as a beneficiary? Probe on the following
  - In terms of your child’s access to and utilization of basic services (Health, Education, Social Protection etc.)
  - In terms of your knowledge and awareness about your child’s needs
  - In terms of knowledge about the rights and opportunities available for your child
  - In terms of your child’s ability to understand and exercise his/her rights
  - In terms of your socioeconomic status
  - In terms of acceptance from the community
  - in terms of your participation in the community and peers
  - Others

- 2.3. What kind of support did you and your child receive from the project?
- 2.4. What has changed in your and your child's life after you started participating in the project as a beneficiary?

Probe on the following

- Interns of your child's access to and utilization of basic services (Health, Education, Social Protection etc.)
  - In terms of your knowledge and awareness about your child's needs
  - In terms of knowledge about the rights and opportunities available for your child
  - In terms of your child's ability to understand and exercise his/her rights
  - In terms of your socioeconomic status
  - In terms of acceptance from the community
  - in terms of participation in the community and interaction with peers
  - Others
- 2.5. What is the importance of the project in meeting you and your child's needs?
  - 2.6. In what way and how do you participate in the project implementation process?
  - 2.7. Did you have an opportunity to participate during the project design stage?
  - 2.8. Do you feel that you and your child's voices are always listened to and given consideration by the project? Why?
  - 2.9. What effects has the project had for your child and family?
  - 2.10. What effects has the project had at the community level?
  - 2.11. What do you envision to be a success of this project? Why?
  - 2.12. What do you think will happen after the project ends?

## ANNEX 2: FOCUS GROUP DISCUSSION GUIDE 2

### SOURCE OF INFORMATION

*Community Care Coalitions (CCCs)*

#### **Introduction and Consent**

Hello. My name is \_\_\_\_\_, and I am from Deep Dive Research and Consulting PLC. Today we will discuss on some issues related to the project "Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia" which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda. The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond.

We would like to thank you for your time and willingness to participate in this discussion and please be informed that all the information you provide will be confidential and will not be shared to anyone else except the review team. Your name, or any other identifying information, will not be used in a final report or in any other document available to the public. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

Are you willing to take part in the study? (Circle)

6. Yes                      2. No

I read the information and procedures to each study participants.

I asked if the study participants have any questions and tried to address all of them to the best of my capacity. Each person is willing to take part in the study.

**Do you have any question before we start our discussion?**

Name of Facilitator			
Date of FGD			
Start time	hh/mm_____	<u>End Time</u>	hh/mm_____
Signature	_____		

**Section 1: Socio Demographic Background**

Area		Woreda	
		Kebele	

S. No	Age	Educational Background	Role in the kebele
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**Section 2: Main Guiding Questions**

- 2.7. Let’s start our discussion by talking about your role and participation in the project.
- What do you know about the objectives and approaches of the project?
  - How did you first know about the project?
  - At what capacity are you taking part in the implementation of the project?
  - What role are you playing in implementation of this project?
  - What are the three things that you like most about the project?

- 2.8. what were the main problems or challenges that CWDs encountered prior to the intervention in this kebele?
- 2.9. What are the direct individual support services provided by the project?
- 2.10. Who benefits from the individual support services? How?
- 2.11. What are the desired changes among the beneficiaries that resulted from the projects support?
- 2.12. What effects has the project had for children and families?
- 2.13. What effects has the project had at the community level?
- 2.14. How do you assess the trend in availability, accessibility and utilization of basic services for children with disabilities and other vulnerable children in this woreda comparing it to what it was like three years ago, two years ago?

Probe for the following services separately

- Health services
  - Education services
  - Social protection services
- 2.15. How do you assess the role and contribution of the project in promoting availability, accessibility and utilization of basic services for children with disabilities and other vulnerable children in this woreda?
  - 2.15. How do you explain the relevance of the project in meeting the existing needs of children with disabilities and other vulnerable children and addressing their problems?
  - 2.16. How are the CwDs and other vulnerable children participating in the project? What about other community members (parents'/care givers)?
  - 2.17. How is the project responding to gender issues? What approaches and activities are being implemented in this regard?
  - 2.18. What are the factors that are hindering the project from achieving its results?
  - 2.19. What were the main factors that are assisting the project to achieve its objectives?
  - 2.20. What do you think are the promising practices associated with the project and its interventions?
  - 2.21. Do you think the outcomes gained from this project will be sustainable? Why? Why not? Which outcomes? why? Why not?
  - 2.22. Do you have any suggestions for measures that could be taken to make the project more sustainable?

Is there anything that you would like to add before we close out interview?

Thank you for your time

## 'H' Assessment Guide<sup>5</sup>

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<sup>5</sup> A KIT OF TOOLS FOR PARTICIPATORY RESEARCH AND EVALUATION WITH CHILDREN, YOUNG PEOPLE AND ADULTS A compilation of tools used during a Thematic Evaluation

### Key Objectives:

- To explore the positive and negative aspects of the project as perceived from the perspective of children with disabilities and other children at risk
- To explore children's ideas for improvement of the project implementation

### Key Steps:

- Make a "H" shape on large flipchart paper.
- In the left-hand column draw a happy face
- In the right-hand column draw a sad face
- below the middle "H" bar draw a light bulb (to represent 'bright ideas').
- In groups enable the participants to fill in the chart accordingly:

### Guiding Questions

- *What are the things that you like about the project?*
- *What are the positive changes because of the project?*
- *What would you perceive to be the best things that have happened because of the project?*
- *What are the things that you don't like about the project?*
- *What are the unfavorable things that happened because of the project?*
- *What ideas/ suggestions do you have to improve /strengthen the project for better outcome and success?*
- what ideas and suggestions do you have to improve /strengthen participation of children in the project activities?

## Body Mapping Guide

### Key Objectives:

- To explore children's views and experiences with regards to the different ways in which the project has affected their lives
- To analyze and record disaggregated information concerning the experiences of children with different types of disabilities and other children at risk about their perceived effect of the project on their life.

### Key Steps:

- Large sheets of flipchart are stuck together.
- A child or young person is asked to volunteer to lie on the sheets to have their body shape drawn around to create a large body map which represents children and young people.
- The body image (and body parts) is used as a focus to explore and record children's views regarding the different ways in which the project has affected their lives.

### key Questions

(Head): How has the project affected their mind, the way they think, and/or their learning? (explore both positive and negative examples)

(Eyes): What have they seen with their eyes because of the project? How has the project affected the way people see children with disabilities and other children at risk?

- How has the project affected their perceptions of the world?
- (Ears) What have they heard because of the project?



- How has the project affected the way people listen to children with disabilities and other children at risk; or the way children listen to adults/their parents/caregivers?

(Mouth) How has the project affected the way people communicate to each other and the way adults communicate with children and the way children communicate with one another?

(Main Body) How has the project affected their health?

(Heart) How has the project affected the feelings people have for different people in their neighborhood/kebele? How has it affected their own feelings and people’s feelings towards them? Who did they get support from in times of need?

(Arms/ Hands) Because of the project what kinds of activities are they involved in? (for example, studying/playing etc.)?

(Legs/ Feet) Because of the project are there any changes in where children do or do not / can or cannot go? (for example work, study, income generation, to leave/or return to their village, etc.?)

Enable general discussion on the body:

- *What are your views about these various impacts of the project on your life?*
- *What are the most negative impacts? What are the most positive impacts?*

Ensure careful documentation of children’s views.

When analyzing the results from different body maps produced from discussions with different groups of girls and boys (of different ages or from different geographic backgrounds) it will be useful to analyze differences in views and experiences per gender, age, and type of dis/ability,

## Annex Three: Case Story Documentation Guide

*What is a Case Study?*  
*A Case Study is an individual’s story. It tells the reader how Save the Children’s work has made a difference in the life of a child or his or her family.*

<i>1. Background: Please provide basic information about the interviewee(s).</i>	
<i>Name(s), gender, age:</i>	
<i>Location - village/town, district/province and country:</i>	
<i>Keywords - themes:</i>	

<i>2. Summary: please describe the interviewee’s day-to-day life and environment.</i>

<i>3. The story: interviewee’s story in his or her own words. Please use exact words with direct quotes.</i>

<b>4. Wider context</b>
<b>4.1 Program summary and background information.</b>
<b>4.2 Follow-up: Is the individual in the beginning, middle or end of an activity/program with Save the Children?</b>  <i>If he or she is still taking part in an activity/program in the future please explain when a follow-up story could be planned i.e.: six months, one year later etc.</i>  <i>Is this a follow-up from an earlier Case Study? If so, please add a link to the earlier Case Study.</i>
<b>4.3 Family, community leader, health worker, teacher, partner etc. quotes. Please ensure that you have the correct names, (job) title and organization for each person quoted.</b>
<b>4.4 Expert quotes. Please ensure that you have the correct names, (job) title and organization for each person quoted. This is optional as experts may not always be available.</b>

<b>5. Theory of Change: How we work to create impact for children</b>
<i>The Save the Children Theory of Change shows how we achieve change for children: striving to create impact for children by being innovative, by acting as the voice for and of children, and by achieving results at scale.</i>
<b>5.1 Overall impact: Please explain how Save the Children addressed the challenges/problem and describe the results.</b>
<b>5.2 Innovation: does this story include a new solution to address an unmet need of children? Please explain the new processes, products, services, methods of delivery. Only write something if there is a specific example of innovation.</b>

5.3 Voice: Please describe if you have been able to advocate for better practices and policies or ensure children’s voices are heard.
5.4 Partnerships: Please describe if you have been able to cooperate with or build partnerships through this program.
5.5 Results at scale: Please describe if program achievements are occurring beyond a local level at a larger scale. Only write something if there is a specific example of results at scale.

6. Please create three different short key messages about this case study.

7. Child protection and consent issues.
7.1 Please confirm that you have followed Save the Children child protection policies and have completed full consent forms for the child and/or family, and every individual you have quoted and photographed. Tick box to confirm: <input type="checkbox"/>
7.2 Protection notes: If you have changed the name of an interviewee or have changed information that could lead to their identification for protection reasons, please outline the reasons.

8. Case study reference information	
Interviewer:	
Photographer:	
Photo reference name/number. Please save the photo on your Member Service country website in original image file format. Please <u>do not</u> insert the photo into the template.	
Approved for use by:	
Date:	

*Instructions for further use/further permissions required: When using this Case Study please do not change any of what is written here. If you're unsure about anything to do with its use or content, please contact the Member Service staff in the Country Office where the Case Study originated from.*

## Annex Three: Consent form for parent/guardian and children

### Parents/Guardian Consent

Save the Children is planning to conduct assessment in your area. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda.

The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond.

For this purpose, we would like to discuss with your child on perceptions, experiences and preferences on matters related to the project activities. The informal interview will last for approximately 30 minute.

We ensure that your child has taken the necessary briefing on matters that is important for her/him. And the interviewer is appointed by Save the Children to be responsible for the participation and safety of the child. The information, opinions and experiences that are shared with your child will be kept confidential and will only be used for the purpose of the survey outlined.

You may ask any questions related to the participation of your child for the survey and we will answer these questions.

In regard to requesting your consent for the participation of your child we would greatly appreciate your help and therefore seek your consent and cooperation.

**INFORMED CONSENT**

I have been informed in detail about the purpose of participating my child for the survey.

I have been briefly informed on the Child Safeguarding code of conduct and procedure.

I have received satisfactory answers to my questions relating to participating of my child for the research.

I have decided that I willingly give my consent for the participation of my child on the survey.

Name of Parents/Guardian	Signature	Date
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Name of Interviewer	Signature	Date
---------------------	-----------	------

**CONSENT FORM for CHILDREN**

Save the Children is planning to conduct assessment in your area. Today we will discuss on some issues related to the project “Access to protection, education and health for children with disabilities and other vulnerable children in North Gondar Zone, Amhara Regional State, Ethiopia” which is implemented by the University of Gondar in Lay Armachiho woreda and Birhan Lehitsanat in Chilga woreda.

The main purpose of this discussion is to gather important information that will help to draw lessons from the implementation of this project and use the lessons and leanings in the design and development of other similar projects in the future. The findings will also help in informing Save the Children, the University of Gondar, Birhan Lehitsanat and other partners and Donor agency to make appropriate and effective programmatic decisions in the design and implementation of other similar projects targeting highly vulnerable children in Ethiopia and beyond.

The interview/FGD will last for approximately 30 minute. You have the right to withdraw from the discussion at any time if you want.

We will ensure that your information, opinions and experiences are kept confidential and will only be used for the purpose of the assessment mentioned above. If you are not comfortable, you can raise the disagreement. The organization child safeguarding policy, code of conduct and procedure will be briefed and any unclear question that is related to the assessment will be responded satisfactorily.

In regards to collecting information for this survey we would highly appreciate your help and therefore seek your consent and cooperation.

**INFORMED CONSENT**

I have been informed in detail about the purpose and nature of this assessment.

I have been briefly informed on the Child Safeguarding code of conduct and reporting procedure.

I have received satisfactory answers to my questions relating to this assessment.

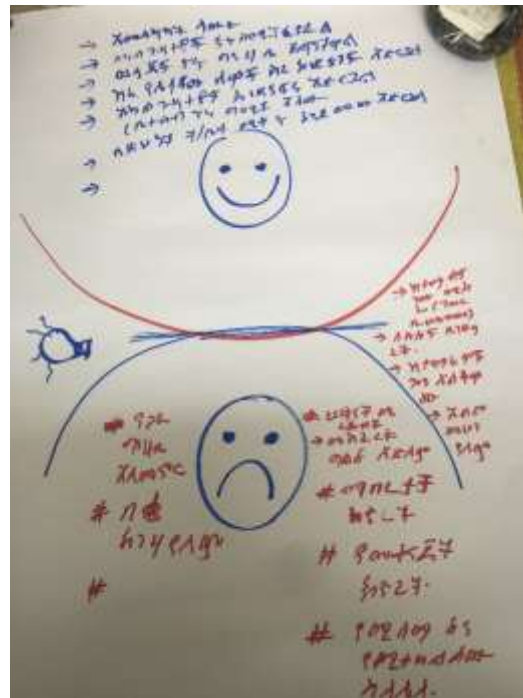
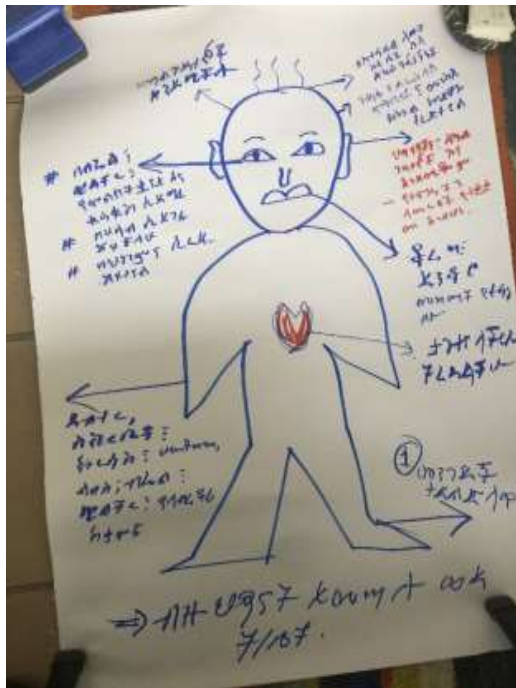
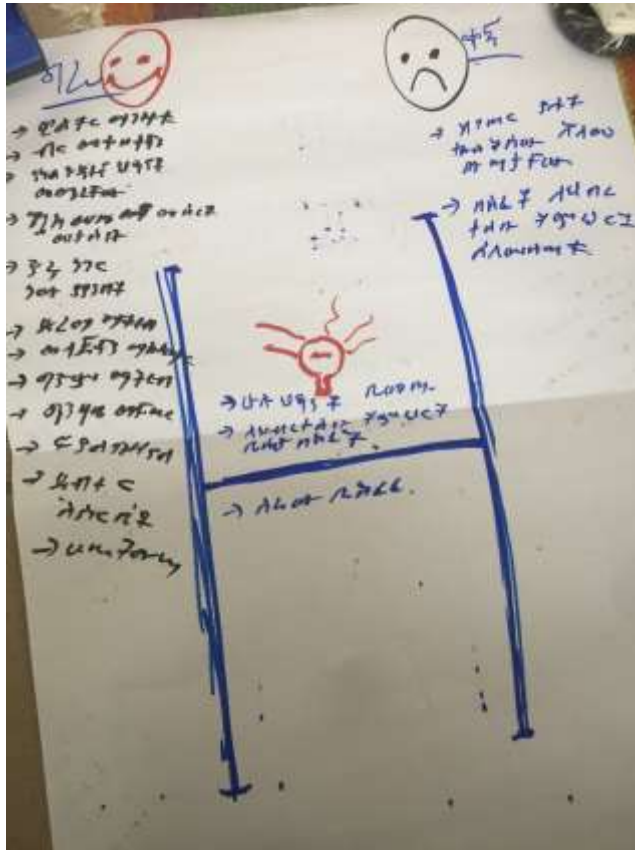
I have decided to willingly participate on the interview and/focus group discussions that requires my input.

I agreed to my informed consent to participate in this assessment.

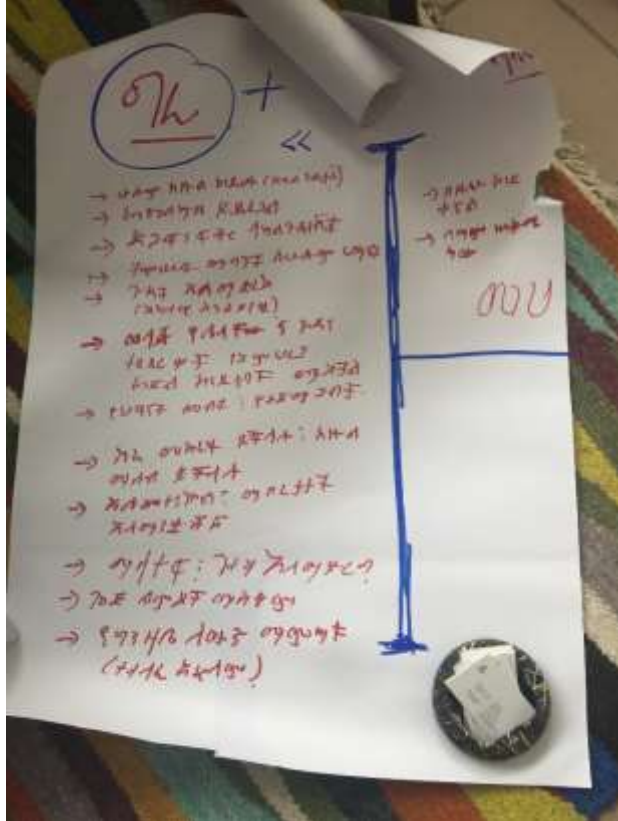
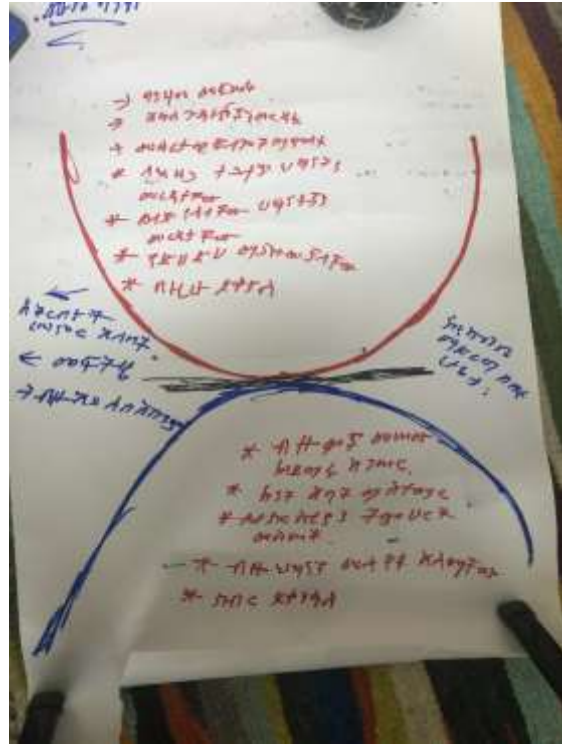
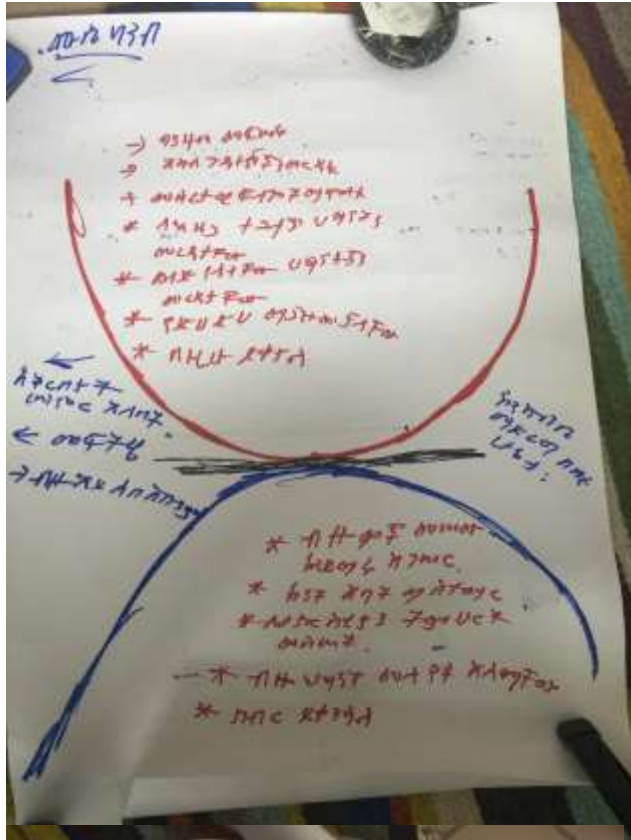
_____	_____	_____
<b>Name of Children</b>	<b>Signature</b>	<b>Date</b>

_____	_____	_____
<b>Name of Interviewer</b>	<b>Signature</b>	<b>Date</b>

## **CHILD PARTICIPATORY METHODS**









# FIELD DATA COLLECTION SCHEDULE

Date	Study Site	Specific Task
March 16,	Gondar	Travel to Gondar and meet with CBR team at GU
	Lay Armcho	2 FGDs with community members (care givers)
		KII with health extension worker
		KII with SC field office staff
		KII with CBR field supervisor
		KII with CBR Coordinator
		KII with CBR field worker
		KII with teacher
March 17	Lay Armacho	3 FGDS with male and female Care Givers
		2 KII with Disability School Club representatives
		KII with teacher
		KII with Education office
		KII with Woreda Administration
		KII with Women and Children Affairs office
		KII with Woreda Health office
		2 child participatory methods
March 18	Lay Armacho	3 FGDs with community members
		2 KIIs with Community Based Care and Support Coalition
		4 children led participatory methods
		2 KII with social workers
March 19	Lay Armacho(Morning)	2 FGDs with community members
		4 child led participatory methods
		KII with Community child to child representative
	Afternoon	Travel to Gondar
March 20	Chilga	KII with Birhan Lehitsanat representative
		KII with woreda health office
		KII with woreda education office
		KII with North Gondar Zone social affairs office
		KII with woreda women and child affairs office
		2 FGDs with community members (care givers)....two female care givers groups
March 21		Finalize remaining activities and Return to Addis