MIDTERM PROJECT EVALUATION

Project: Continued Quality Services to Children with Physical Disability in Lira and Alebtong Districts

REPORT

FOR

Adina Foundation Uganda (AFU)

BY

AJP Consulting

June 2015

Table of Contents

Acknowledgments

AJP Consulting greatly appreciates the invaluable input of various individuals who have made this evaluation a success. We are greatful to Elizabeth Alyano the AFU Executive Director for organizing the field work, introducing us to relevant people and patiently responding to our seemingly unending requests for information. RR Okello and Irene Akello our Filed Supervisors ably led two teams of researchers who collected the bulk of interview generated information used in this report. Without the background information and valuable comments from both the Ugandan and Norwegian members of the board we would have produced a report with quite a few factual inaccuracies.

We shall remain forever indebted to all the respondents whose views have enriched this report and who are too many to mention within the confines of this page. We appreciate the trust AFU put in AJP Consulting to execute this assignment and for the excellent support and guidance the board and staff gave us.

Responsibility for the contents of this report - how fairly they reflect the very valued inputs of the respondents and the information in the documents we reviewed - remain exclusively ours. It is our expectation that this report will constructively inform the future direction not only of the project but of AFU's work in Northern Uganda.

Augustine Omara
Lead Consultant

Simon Enamu
Associate Consultant

Abbreviations

AFN	Adina Foundation Norway
AFU	Adina Foundation Uganda
BTVET	Business, Technical and Vocational Education and Training
CBR	Community Based Rehabilitation
CDO	Community Development Officers
CoRSU	Comprehensive Rehabiliation Services Uganda
CPU	Children of Peace Uganda
CWD	Children with Disabilities
FAC	Formerly Abducted Children
FAL	Functional Adult Literacy
FGDs	Focus Group Discussions
GBV	Gender Based Violence
IIs	In-depth Interviews (IIs)
IR	Institutional Rehabilitation
KIIs	Key Informant Interviews
LCs	Local Councils
LRC	Lira Rehabilitation Centre
MTE	Midterm Evaluation
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Coorperation
NUDIPU	National Union of Disabled Persons of Uganda
PSGs	Parent Support Groups
PWD	Persons with Disability
UPE	Universal Primary Education
VLSA	Village Savings and Loan Associations

Executive Summary

This Midterm Evaluation (MTE) report has been prepared for Adina Foundation Uganda (AFU) by AJP Consulting. AFU is a charitable Non-Governmental Organisation implementing a 10 year project (2010-2019) partly funded by Norwegian Aid (NORAD) through Adina Foundation Norway (AFN). Although the review focuses on the project titled, ***Continued Quality Services to Children with physical Disability in Lira and Alebtong Districts,*** the fact that this is the only project AFU is running and that AFU is as old as the project means that the MTE is, to all intents and purposes also an evaluation of AFU, the organisation.

The purpose of this MTE is to assess the project performance and progress to establish the distance travelled and direction taken in implementing the project; the extent to which the project is achieving its goals and objectives and producing expected outcomes/impacts on target beneficiaries.

The methodology included a combination of quantitative and qualitative evaluation design. Primary data collection was undertaken in four of the five AFN and NORAD[1] supported sub counties, namely, Ogur and Aromo and Bar sub counties in Lira District and Apala and Abia sub counties in Alebtong District. Quantitative data was obtained from children who have received direct services from AFU. Qualitative data was obtained from project documents, child beneficiaries, members of parent support groups, local government officials, teachers and AFU staff and board members.

Major findings and recommendations

Relevance of the project

The project is innovative and fit for purpose- it can enable AFU achieve its goals. In a situation as it is in northern Uganda, where the rehabilitation of Children with Disability (CWD) by the responsible statutory institutions rarely go beyond giving out a few wheelchairs and where poverty limits access to private fee paying rehabilitation services, any rehabilitation project that includes physiotherapy, surgery and the provision of assistive devices would be relevant. AFU's approach goes further to address the livelihood of the CWD once returned to his/her family, the skills of teachers and the accessibility of schools; in essence extending its intervention into the communities where the CWD live and significantly increasing the impact of the project.

[1] Some of the project interventions in other sub counties are funded by Plan Uganda

There is also a verifiable linkage between the objectives and outcomes of this project and Uganda's development priorities as espoused in its child and disability related policies and plans. However, the implementation of Formely Abducted Children (FAC) component has brought to light some issues that would have excluded FAC from the project had AFU been aware of them at the design stage.

Recommendation

1) Review the relevance of the inclusion of FAC as a beneficiary group.

Project effectiveness (implementation, monitoring and evaluation)

The synergy resulting from the implementation of IR and CBR means that the CWD's right to good health, food, shelter, education are addressed. It also builds the capacity of community actors to understand the causes of disability and to treat CWD without discrimination. However, in some cases, poor care at CBR stage reduces the effectiveness of the project. The implementation of activities as planned are robust and carried out with good intentions. Weaknesses in the staff capacity, lack of systematic monitoring and annual reviews are some of the gaps in the implementation process.

Recommendations

1) Improve activity planning by sequencing the intake of CWD in cycles, drawing up an annual plan of activities and conducting annual review and planning retreats.
2) Strengthen monitoring and follow-up by designing and utilising systemic data collection instruments and review the implementation of follow up of CBR activities.
3) Improve the quality of IR at LRC by drawing up and implementing a policy on occupancy and child protection, and instituting a casework approach which includes case conferences, having a single case file per CWD and a named caseworker for each CWD.

Management and governance

The AFU board in made up of three Ugandans and four Norwegians who give their time to AFU without pay and have made wholehearted contributions to ensure that AFU does what it was set up to do, especially after the bitter experience AFN had with another Ugandan organisation it supported. A minimum of three board meetings are held in a year, sometimes by teleconferencing. Reporting practice has been that the staff of AFU report to AFN through the board of AFU but this is sometimes blurred by the "conversations" AFU staff have with AFN. This and cross cultural realities combine to influence the effectiveness of management and governance. We have observed that much as the board is overwhelmingly well meaning and committed, decision making at board level happens a lot less rigorously than it should. The board appears to be innocently unaware of some common good practice and essential aspects of governance and management. A consequence of which is that systematic supervision

by managers of the staff who report to them is lacking. The organisational policies and procedures that exist may not cover all relevant aspects. Even then there appear to be gaps in following them diligently. There are capability issues with AFU staff. Fortunately training events have been taking place, though it seems the events are designed based on what the staff say they need rather that what is relevant for the organisation. The budget allocation for training has been inadequate during the five years.

Recommendations

1) Strengthen the board's oversight role by organising training on the board's governance roles and reviewing the governing document (constitution) to ensure that it is has provisions on conflict of interests, etc.
2) Improve the effectiveness of board meetings by reviewing the structure and conduct of board meetings, and the decision making process at board level.
3) Ensure regular, formal and recorded supervision of the Executive Director and all staff, which amongst other things records the improvements in performance occasioned by AFU provided training.
4) Review the availability, relevance and implementation of organisational policies and procedures
5) Carry out training needs analysis and draw up costed annual training plans.
6) Carry out an organisational assessment.

Budget allocation and management

While AFU operates with detailed and approved budgets, allocation of costs appear not to be robust enough, so are.cost and activity assumptions during the budgeting process. After the budget has been approved the monitoring that takes place appear to be perfunctory, with little or no attention on projections to year end.

Recommendations

1) Find out why some cost headings are underspent every year and take action to make budget allocations more accurate
2) Establish benchmark rehabilitation cost per head to inform budgeting
3) Ensure management accounts produced after every quarter shows: expenditure to date, variations (if any) against budget for the period, cumulative expenditure for the year and projections for expenditure to year end.
4) Set a fixed time in the year, best after the second quarter, for budget review when funds can be reallocated.

Sustainability

AFU has designed and implemented the project to achieve sustainable outcomes, which is not an easy feat, especially for a young organisation as it is. However, its

attempt towards financial sustainability through serving paying adult physiotherapy outpatients has not been as successful.

Recommendations

1) Assess the existing capacity to carry out physiotherapy for paying adult outpatients and make the service known to the public
2) Consider undertaking commercial activities in the rehabilitation industry

Stakeholder collaboration

AFU is good at winning the support of elected representatives and civil servants. It has also increased their capacity to address disability in their respective areas of work. Collaboration with Plan appears to be working well. However, AFU can still look for ways of making it more effective. Other than CPU, the relationship between AFU and schools, vocational institutions and NUDIPU is fruitful.

Recommendations

1) Do nothing new on collaboration with elected representatives, civil servants, schools and vocational institutions.
2) Review collaboration with Plan with the intention of improving the terms of the agreement
3) Review collaboration with CPU with the intention of ending it.

CHAPTER ONE
GENERAL INTRODUCTION

Overview

This Midterm Evaluation (MTE) report has been prepared for Adina Foundation Uganda (AFU) by AJP Consulting. AFU is a charitable Non-Governmental Organisation in Northern Uganda whose main activity is the rehabilitation of Children With Disability (CWD) especially those with mobility disabilities through physical rehabilitation (corrective surgery and physiotherapy), education, psychosocial and livelihood support services. Though the review focuses on the project titled, ***Continued Quality Services to Children with physical Disability in Lira and Alebtong Districts,*** the fact that this is the only project AFU is running and that AFU is as old as the project means that the MTE is, to all intents and purposes, also an evaluation of AFU the organisation. In this Chapter, we present the project background, purpose and clients of the MTE, as well as the review methodology.

Project Background

AFU is implementing a ten year project (2010-2019) part funded by Norwegian Aid (NORAD) through Adina Foundation Norway (AFN). The project focuses on the rehabilitation of CWD, especially those with mobility disabilities through physical rehabilitation (corrective surgery and physiotherapy), education, psychosocial and livelihood support services; all at Lira Rehabilitation Centre (LRC). The project objectives are to:

- Provide comprehensive physical therapy services
- Enhance provision of quality education for Children with Disabilities (CWDs)and Fomerly Abducted Children (FAC) in Northern Uganda
- Provide psychosocial support to children and youth in need of rehabilitation services at the centre
- Promote child rights and responsibility among Parent Support Groups (PSGs)
- Promote social economic empowerment to families/parents of CWDs

The project is implemented in Lira and Alebtong districts, with a phased coverage of sub counties. According to information obtained from AFU at the onset of this evaluation,

this project has so far comprehensively covered Ogur, Agweng, Aromo, Bar and now Amach sub counties in Lira and Apala, Abia, Aloi, and Akura sub counties in Alebtong.

The project implementation reached its midpoint in 2014 and was accordingly scheduled to be evaluated in order to assess its success, challenges, the lessons learnt to inform its successful completion. As conventional practice demands, AFU hired AJP Consulting as an independent external consultant to undertake the MTE.

Purpose, Scope and Clients of the Review

The purpose of this mid-term evaluation is to assess the project performance and progress to establish the distance travelled and direction taken in implementing the project; the extent to which the project is achieving its goals and objectives and producing expected outcomes/impacts on target beneficiaries. This evaluation is also intended to review the approaches of Community Based Rehabilitation (CBR), non-discrimination, inclusive education and child participation.

In line with the Organisation for Economic Cooperation and Development (OECD) evaluation standards, the consultant used the criteria of relevance, effectiveness, efficiency and sustainability to examine the performance of the project.

The primary consumers of this report are by AFU, AFN and NORAD which are expected to use its findings and recommendations to inform their decisions on the project design, approaches, interventions and implementation in the remaining period.

Review Methodology

The methodology applied is based on the consultant's appreciation and interpretation of the ToRs for this assignment and professional and practical considerations.

Review Design

The nature and scope of this evaluation required a combination of *quantitative and qualitative evaluation design.* Consequently, the sampling process, data collection, and analysis were approached using the ethos of both designs.

Sample Size and Sample Selection

A two-phase sampling process was used. The first phase involved the selection of sub counties from the total reached. Building on the premise that the project had comprehensively covered four sub counties in Lira district and five sub counties in Alebtong district, primary data collection was undertaken in four of the five AFN and NORAD[2] supported sub counties, namely, Ogur and Aromo and Bar sub counties in Lira District and Apala and Abia sub counties in Alebtong District. Simple random sampling was used to select sub counties covered during primary data collection.

The second phase entailed sampling of individual respondents. The selection of respondents was based on the need to ensure inclusion of key project stakeholders (including implementers, beneficiaries, and collaborators) and to generate data for both the quantitative and qualitative aspects of the MTE. Quantitative data was obtained from children who have received direct services from AFU. These include child beneficiaries of rehabilitation, education and psychosocial support services. Given the challenges of tracing children who would be sampled through random techniques, a combination of snowball and convenience sampling was used to select the children interviewed. The beneficiaries were mobilised by AFU staff, parents, and civil servants and elected representatives.

In Table 1 below, we summarise the type and number of respondents in each category.

Category	**Number**						**Total**	**Planned**
	Lira		**Alebtong**		**AFU staff**			
Qualitative	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**		
Key Informants	16	4	1	4	2	3	**30**	**14**
FGD participants	19	132	21	50	N/A	N/A	**222**	**54**
In-depth interviews	2	1	1	2	N/A	N/A	**6**	**6**
Quantitative					N/A	N/A		
Children	15	10	6	4	N/A	N/A	35	120

Table 1: Distribution of respondents by district and sex

Data Collection Methods

Triangulation of data sources and data collection methods was adopted to maximize the range and richness of data generated. It also enabled the team to maximize the strengths of each data collection method while minimizing the weaknesses of each. In

[2] Some of the project interventions in other sub counties are funded by Plan Uganda

sum, the methods employed include questionnaire, document review, Key Informant Interviews (KIIs), In-depth Interviews (IIs), Focus Group Discussions (FGDs) and observation. Each of these methods is explained below:

Document Review

We reviewed documents that are relevant to the purpose and objectives of the evaluation. The documents included project documents (approved project proposal, assessment reports, quarterly and annual activity and financial reports, minutes of meetings) and national child and disability related policies and strategies. The document review not only informed the refinement of instruments for primary data collection, but also provided the solid evaluative evidence.

Key Informant Interviews

A cross-section of stakeholders was interviewed as key informants to generate rich qualitative data on the extent to which the project objectives are being achieved. The stakeholders included AFU staff, partner CSOs and local government officials, and teachers.

Focus Group Discussions

We engaged with children and members of Parent Support Groups (PSGs) through focus group discussions to assess the outcomes of the project interventions, and the relevance of the interventions to their needs. During each focus group discussion session, the members were briefed on the purpose of the discussion and each of them was encouraged to express their views freely. A FGD guide was developed for use in this exercise. However, perhaps due to miscommunication during mobilisation, in some areas PSG members turned up in much larger numbers than expected (in one location 59 when we expected a maximum of 9) and demanded to participate. In such cases the researchers had to use diplomacy to achive a balanced outcome: obtain information and satisfy the PSG members who had turned up.

In-depth interviews

The consulting team documented success stories/case studies to highlight the nature, process and sustainability of change in the lives of the beneficiaries. Success stories were traced largely from children who benefited from medical rehabilitation. A guide was developed to inform the documentation of stories of change.

Observation

We used unstructured observation to examine some observable aspects of the project, particularly those related to outcomes and sustainability. These were the status of the children rehabilitated and livelihood activities of the PSGs.

Data Management and Analysis

After the field data collection and document review, the consulting team proceeded to process and analyse the data collected. Field notes were written up.
Response from various respondents were subsequently consolidated along the various analytical themes in order to facilitate content analysis as part of the report writing process. The information from the document review was used partly as a background for assessing progress against targets and standards.

Limitations of the Review Methodology

First, AFU did not set out clear performance targets, against which success at the project objective (outcome) level would be measured. In addition, some outcomes such as quality education were not defined, neither were clear indicators developed to measure their achievement. These design gaps limit the extent to which the consultant can assess project effectiveness.

In addition, this MTE report relied on primary data obtained from respondents selected using non-random sampling techniques. Non-random sampling techniques are based on personal judgment of the evaluator/client and the study findings are exposed to the effects of sampling errors. Random sampling techniques on the other hand embody an element of randomness or probability in sample selection, making the resultant samples more representative of the parent population. On this premise, random sampling techniques would have been appropriate for the quantitative design. However, the potential difficulties of reaching the would-be respondents made this unsuitable. Nonetheless, we minimised selection biases associated with non-random sampling by using a combination of techniques, i.e., snowball, convenience and purposive sampling.

Another limitation is the sample size for quantitative data sources. The sample size generated using the conventional formula for quantitative surveys were adjusted downwards due to logistical considerations. Even then, it was not possible to access all the sampled respondents, especially CWD, in some cases because the interview date was changed and in others the parents said they had not been informed to bring the children. However, the actual study sample are within the margins recommended for statistical analysis, making the results fairly representative of the beneficiaries reached to date.

CHAPTER TWO
FINDINGS OF THE MIDTERM REVIEW

2.1 Introduction

In the funding application submitted to NORAD in 2013, Adina Foundation Norway stated that:

> 'Lira Rehabilitation Centre aims at achieving full rehabilitation, participation, integration and reintegration of Children with Disabilities (CWD) and Formerly Abducted Children (FAC) for equalisation of opportunities through physical rehabilitation, education and psychosocial support. The holistic rehabilitation process is divided in two components: institutionalized rehabilitation (IR) and community based rehabilitation (CBR). In IR, children stay at LRC for approximately three months and receive physiotherapy, mobility devices, and surgeries in cooperation with CORSU in Kampala; psychosocial support and education through catch up classes at LRC. During CBR, children and parents are followed up in their homes and school environment with various activities', and that 'By holistic rehabilitation we understand an intervention that will give CWD/FAC, their families and local communities the tools needed to give each individual the opportunity to become integrated, productive and active members of society'.

The sections that follow contain our findings on the relevance of the project, its effectiveness, the effectiveness of management arrangements and sustainability – in relation to the project aims and approach contained in the two statements quoted above.

2.2 Relevance of the project

2.2.1 Relevance of the project interventions to the needs of the beneficiaries

The funding application submitted by Adina Norway to NORAD in 2013 lists six groups[3] of intended beneficiaries. Our main focus in the evaluation is on three of these groups, namely, CWD and FAC; parents of the CWD and FAC and, the local communities where CWD and FAC live.

[3] The 6 groups are: (1) CWD and FAC, (2) parents of CWD and FAC, (3) the local communities where CWD and FAC live, (4) staff of LRC, (5) the parents and the general community in Northern Uganda and (6) the Government of Uganda.

To assess the relevance of the project, we needed to establish the extent to which its goal and objectives (those aimed at improving the lives of CWD) matched the priorities of the beneficiaries.

Goal 1 *Improved rehabilitation and empowerment services for CWD and FAC in Northern Uganda*

All the CWD we interviewed said the rehabilitation services they received were relevant to their needs. Examples of the changes CWD said have occurred in their lives after rehabilitation are presented in the box below.

- Child OS, 14, boy, walks well, can wear shoes, has confidence while in the company of other children.
- Child BA, 13, girl, had bone infection causing severe pain and could not walk, can now walk without support, does not feel any pain.
- Child AT, 16, girl, does not feel severe pain, earns from tailoring, no longer dependent on handouts.
- Child AS, 14, girl, goes to school, health has improved, can carry water from the well.
- Child RL, 16, boy, was given a bicycle, can ride to school, fees paid by AFU, he has not fallen behind in school, can read, write and speak English as well as other children

Like all the CWD rehabilitated by AFU, the 5 in the examples above experienced holistic rehabilitation which included being institutionalized at LRC and receiving physiotherapy, attending catch up classes, receiving counseling and surgery at CORSU, then for some, receipt of assistive devices or income generating (IG) tools, education or vocational training sponsorship on returning to their respective communities.

Goal 2 *Enhanced quality education for CWD and FAC in Northern Uganda*

To achieve this goal, AFU carries out three activities: catch up classes so that CWD who attend school are not left behind while undergoing rehabilitation and those who had not been to school can start learning to read and write; education sponsorship and in some cases the provision of mobility devices for CWD who have had treatment and, the training of teachers on inclusive education. All these activities respond to the evident needs of CWD in the project area.

Goal 3 *Rights and responsibilities of CWD and FAC fulfilled*

The Persons with Disabilities Act, 2006 gurantees PWD aright to access counselling and rehabilitation services and prohibits discrimination of PWD from accessing educational services, employment, goods, services and facilities and also guarantees

other social rights of PWD. These rights are being fulfilled as a result of the IR and CBR provided by AFU.

While at the rehabilitation centre, CWD are trained to be responsible and to contribute to the running of the centre through physical activities (e.g. cleaning the classrooms and dormitories) and making suggestions regarding their daily activities.

Goal 5 *Economic empowerment of CWD, FAC and their families in Northern Uganda*

For CWD who are old enough and choose to go for vocational training, AFU pays for the training and gives the CWD a startup kit on completion of the training. This and the establishment of PSG and provision to them of startup items for IGA, training and support in running Village Savings and Loan Associations and the facilitation of FAL classes have all contributed the achievement of this goal.

Our assumption is that while formulating Goal 1, Adina Foundation recognized the roles of statutory institutions in the rehabilitation of CWD. The reality however is that services provided by government institutions are woefully inadequate rarely going beyond the provision of a few wheelchairs per financial year. The alternatives available to families with CWD would be private fee paying institutions and/or free charitable services (AFU is the only organisation providing free charitable services). The sub counties where AFU has been operating are rural and the vast majority of the households in them are poor. The households with CWD would not have afforded to pay for the rehabilitation of their disabled children and those children would not have been rehabilitated if AFU did not run the project.

In a funding environment where the purse holders are sometimes overzealous in their efforts to maximise the benefits of each currency unit of grant made it becomes all too easy to lose sight of some key elements of an intervention, or to assume that some other institution should be responsible for elements that they would rather not fund. Fortunately for the project beneficiaries AFU is able to work towards achieving Goals 2 and 5 as without them it would be highly likely that Goal 1 would not be achieved. Work towards achieving Goals 2 and 5 means the actors in the environment where a CWD lives have improved capacities to contribute to his/her complete rehabilitation. They are the elements of CBR. In our view, considering the social and institutional settings of the sub counties where AFU operates, provision of institutional rehabilitation without the community based component would have reduced the effectiveness of the project in some cases to the extent of negating the benefits of institutional rehabilitation.

2.2.2 Appropriate Targeting of Beneficiaries

The primary beneficiaries of the project are CWD and FAC. As these have to be cared for and brought up in communities, AFU wisely extended the project intervention to include those involved in care at the community level. The PSG members and teachers who make up this category of actors, in our view are secondary beneficiaries.

CWD

In deciding to set the upper age limit for the CWD beneficiaries at 18 AFU has ensured that it conforms to the national definition of a child. In some of the discussions we had with PSG members, concern was raised that AFU excludes children with other forms of disability such as blindness and deafness. Considering resource limitations and AFU's relative youth in carrying out rehabilitation, it is reasonable that boundaries are drawn around what it can do. In this case, we are of the opinion that in targeting children with mobility disabilities, AFU has been realistic in deciding how best it can make a difference in the lives of some and not all CWD in the target sub counties.

FAC

AFU was set up not more than four years after the civil war in northern Uganda had ended and the Lord's Resistance Army (LRA) had moved to the Democratic Republic of Congo and South Sudan. There might have been some justification in AFU targeting FAC even when there were well established non-governmental organisations rehabilitating them. However, the relative low number (15) of FAC rehabilitated, even then through a rather inefficient partnership with a local NGO, in our view, undermines the justification of targeting them as a distinct beneficiary group. AFU's non-discrimination approach would still have made possible the rehabilitation of FAC with mobility disability anyway.

PSG

The set up and development of PSGs though intended to improve the capacities of parents and guardians of CWD to provide CBR has engendered personal development in the members of the groups. By providing the start up capital for income generation activities and facilitating the set up of Village Savings and Loan Associations (VSLA), Functional Adult Literacy (FAL) classes, AFU has cascaded the project's benefits beyond it primary beneficiaries. Findings from discussions with members of the PSGs are that there have been improvements in their capacities to generate income and manage their money. Purposeful design of FAL in particular to cover disability and gender, has led to the understanding of disability and of the possibility that Gender Based Violence (GBV) on a pregnant woman can cause the birth of a disabled baby.

Feedback from the PSG members interviewed overwhelmingly attests to positive attitude changes on disability and GBV.

Teachers
In collaboration with the National Union of Disabled Persons of Uganda (NUDIPU), AFU provides training to teachers on special needs education in the sub counties where it operates. The knowledge and skills that the teachers acquire through the training becomes part of their intellectual assets which, we expect, improve their general capacities to educate the children they are responsible for.

2.2.3 Relevance to the current development priorities

There is a verifiable linkage between the objectives and outcomes of this project and Uganda's development priorities as espoused in its child and disability related policies and plans. In Section 10 of the Persons with Disabilities Act (2006), the Government of Uganda commits to adopt measures of rehabilitation to help persons with disability regain functional ability to enhance participation in social and economic life, and to establish medical rehabilitation departments or sections in hospitals.

However, research has shown that there is a critical lack of rehabilitation services for CWD (MoFPED, cited in UCRNN, 2009) as there is hardly any statutory budget for rehabilitation services. Rehabilitation services and the practical needs of CWD are largely provided by a few non-state actors, including NGOs and CBOs, whose capacities appear to be overstretched (UCRNN, 2014). AFU's rehabilitation services are therefore addressing needs that the Government is currently unable to.

Furthermore, the project is directly and indirectly contributing to the realisation of the Universal Primary Education (UPE) programme whose ultimate aim is to ensure that all children of primary school going age enrol and remain in school. The catch-up classes, training on inclusive education, construction of ramps, and education sponsorship directy contribute to the UPE goal while the provision of rehabilitation services restores the capacities of CWD, including their ability to attend school. The promotion of inclusive education complies with the inclusive education policy of the Ministry of Education and Sports. In addition, the investment in vocational training is contributing to the realisation of the Business, Technical and Vocational Education and Training (BTVET) strategic plan (Skilling Uganda) and the employment policy.

2.3 Project Effectiveness

2.3.1 Progress of project implementation

During the first two years of operation AFU achieved annual rehabilitation targets and in the subsequent three years exceeded them. The introduction of outreach and outpatient clinics means more CWD are treated using the same resources. As it is unable to provide all IR and CBR services to CWD, AFU has established partnerships with CORSU and CURE to provide IR and with schools and vocational institutions to provide elements of CBR – education and vocational training. The provision of catch up classes means that a CWD's education is not interrupted by the rehabilitation.

However follow up - of PSG activities (post institutional care of the CWD, income generation, savings and loan and, adult literacy) does not seem to be as well organised as institutional interventions.

2.3.2 Achievement of project outcomes

Changes resulting from AFU project activities can be seen at personal, institutional and community levels. The primary and most visible changes are the physical changes in CWD after surgery. All the CWD interviewed who had had surgery said their conditions had been "healed" though a few still had recurring pain. They are now more active than they were before and attend school, participate in sports and at home, help with chores etc. The provision of scholastic materials, construction of ramps, training of teachers has also contributed to improved attendance at school.

The CWD who had not started schooling because their disability meant that they could not walk to school were able to join their age mates in school after catch up classes at LRC. Some CWD also reported having become the "teachers" of their parents, "teaching" them to make beds and wash dishes as they learnt from LRC.

> Mother F reported that her home is different following the learning that has occurred after the return of her daughter from LRC. The rehabilitated daughter has taught members of the household how to make beds, wash and dry dishes etc.

Another significant outcome has been in the attitude of parents. Prior to interacting with AFU, the attitude of most parents towards disability had been negative. Several parents reported changes in attitude – from viewing a CWD as not equal to other children or as a curse to viewing and treating them as "ordinary" children.

Father A denied his disabled daughter and even refused to have her taken to AFU saying “Who said God’s work can be reversed?” The aunt of the child took her to AFU. After seeing the outcomes of IR on her, the father has accepted the child and life in the family has changed to one of love and harmony.
Father B chased his wife with their disabled daughter from their marital home. While living with the mother at her maiden home, the child was taken to AFU for rehabilitation. After hearing that his daughter had had surgery and could walk well the man went to claim her back.

CWD interviewed also reported positive changes in the attitude of their parents, siblings and schoolmates towards disability.

At community level, participation as members in the AFU initiated and supported PSG, VSLA and FAL classes has not only resulted in change in attitude towards disability but also in increased household income, improved capacity to budget and spend income; ability to read, write and do simple arithmetic and, for households that received pigs and beehives, improved abilities to rear pigs and manage beehives.

Changes at institutional levels have occurred in schools and at local government –Local Councils (LC) 1 and 3. In schools attended by rehabilitated CWD, the training of teachers, construction of ramps and display of Information, Education, Communication and Advocacy materials have caused attitudinal change within the school communities. With a few exceptions, the CWD we interviewed reported better treatment by peers and teachers.

In the sub counties where AFU operates, the sub county Chiefs, Councillors and Community Development Officers (CDO) appeared to be more involved in CBR activities than would have been the case if the project did not exist. Though it is their duty to ensure that all residents in their areas are served and their rights respected, they would not have, with government resources, implemented a holistic rehabilitation project similar to the one run by AFU. The existence of the project thus created the structures such as PSG and FAL classes through which they can actively fulfil their roles. Even in sub counties where AFU does not operate the knowledge of the project alone has enabled local government officials to take action to protect CWD.

A Probation Officer working in a sub county outside the project area one evening found a CWD being physically abused by the father. The father –a drunkard allegedly - lived alone with the CWD who he forced to carry out household chores despite his disability. The Probation Officer took the child away from the father and because he was aware of the AFU project, transported him to LRC. The child was dirty, malnourished and had an ulcer on his leg. The child was cleaned, given clothes, fed, institutionalised like other CWD and prepared for surgery at CORSU. The father was arrested and prosecuted but as CWD taken for surgery have to be accompanied by an adult, mostly a parent, the father was released, likely on bail, to accompany him to CORSU.

2.3.3 Effects on the prevalence of gender based violence

Incidences of gender based violence against mothers of CWD have been known to have occurred where some fathers blamed mothers for producing disabled children. AFU has run training on gender based violence which also spells out the possible effects of subjecting a pregnant woman to violent treatment – giving birth to a disabled child. Participants in AFU initiated and supported FAL classes are encouraged to explore gender based violence using song and drama. Feedback we received from FGD was that there has been significant decrease in the incidences of gender based violence.

2.3.4 Unintended outcomes

The treatment CWD receive while at LRC is a great deal better than what they experience at home. They have at least three meals a day, sleep in clean beds with bed nets, attend catch up classes, play, do light work (cleaning their dormitories, washing dishes, sorting beans etc), receive prompt treatment when ill and have round the clock attention of the Matron and other AFU staff. We have heard from the Matron and from some CWD that some of them would prefer to remain at LRC rather than be returned to their families.

There are reports that some CWD experience more pain on returning home than they felt before surgery because of the treatment they receive from parent/guardians. Some are subjected to heavy work when they have not been fully healed from surgery. Other cases are due to inadequate post surgery care by parents/guardians.

Girl P, 16 years old, lives about 5km away from school was issued a wheelchair by AFU. The wheelchair was modified (without AFU's knowledge) to a tricycle. The modification made the wheelchair structurally unsuitable for her to propel without assistance and she was unable to get to school without help. One night she woke up at around 1.00 am and the bright moonlight made her think it was daybreak. She and a friend left for school and on reaching there they found no other persons. At around 3.00 am one of them rang the school bell. The unusual ringing of the bell terrified teachers whose houses are on the school land and people in the surrounding homes who thought rebels had attacked the area. The teachers and villagers who gathered to find out what was happening were about to attack only to realise the two were pupils at the school.

After the incidence parents stopped their children from helping Girl P push her wheelchair and she has consequently dropped out of school.

Some CWD said that since returning from IR they have been labelled Adina children and suffer a new type of discrimination simply because they have been rehabilitated and are getting support with education.

The premise of AFU's holistic approach is empowerment –of the CWD, parents and institutions. Those empowered should gradually become independent of the people and/or institutions that helped empower them. Unfortunately the will to be self sufficient and independent lacks in most PSGs. Rather than consider how they can implement the IGA and benefit from the VSLA so that they can become self sufficient and independent of AFU, at a number of FGDs participants asked AFU to provide more IGA inputs. Their expectations of AFU is not the outcome AFU wanted when it set out to implement the project.

2.3.5 Budget Execution and Cost Effectiveness

Execution
AFU has financial procedures that are followed in the process of spending from the budget. There are approved signatories for bank accounts; the Executive Chairman, Executive Director and Finance and Administration Manager – as agent. Five accounts are held: LRC, Adina Farm, Dollar, Plan Uganda and Adina Marathon.

After approval by Adina Norway, the budget is presented to relevant staff and Board members. Every expenditure originate from requisitions by departments. The requisitions are scrutinised by the Finance and Administration department and submitted for approval to the Executive Director. The Accounts Assistant then pays out after the signatories have signed the relevant documents.

Three types of reports are produced on budget execution; monthly for the Executive Director, quarterly for the Board and annually for the Annual Report. We have seen the quarterly reports for the Board. While they are quite detailed they lack information that would improve the Board's understanding of performance and make it easier to take decisions. The reports should include expenditure relative to the budget for that period (not only the percentage of annual budget spent), explain any variations and make projections for the year if spending continues at the rate of the period reported. Reporting that includes this information might mean extracting figures from the accounting software – Quickbooks - into Microsoft Excel and carrying out further computation.

AFU's annual report consistently show less expenditure that budgeted amounts. There should be a budget review half way through the financial year to reallocate funds where necessary. There should also be a policy on reserves which could provide for the moving of annual cash balances to the reserve account.

Some incidences where financial and/or administrative procedures were not followed have been identified by the Auditor and brought to the attention of the Board in the Audit Management Letters of the years 2012 and 2013. The Executive Director has taken action to address the issues in the Management Letters.

Cost effectiveness
Even in the absence of industry benchmarks, AFU can analyse its expenditure relative to the number of CWD rehabilitated to assess how cost effective the project is. We have tried to calculate the cost of rehabilitation per head for the years that the audited accounts are available, see Table 2 below. We have excluded from the calculation the costs not directly related to rehabilitation such as Lira Babies Home which always appear in the accounts as expenditure. All other costs, including capital expenditure for physiotherapy equipment and computers were used as they all contribute directly to the rehabilitation of CWD. As the number of rehabilitated CWD increased the cost per head has reduced indicating that AFU can achieve better cost effectiveness through economies of scale. The year 2011 was the least cost effective with the cost of rehabilitation at Ugx6.5 million per head.

Cost of rehabilitation per head (Ugx million)	**4.3**	**6.5**	**4.6**	**3.7**
CWD rehabilitated	60	60	102	159
Rehabilitation target	60	60	60	80
Year	**2010**	**2011**	**2012**	**2013**

Table 2 Cost of rehabilitation per head

2.3.6 Effectiveness of Management Arrangements

Human Resources for the project

The Board
AFU is governed by a seven member board made up of 3 Ugandans and 4 Norwegians. The board meets quarterly in Lira and always has at least one Norwegian member present. However there have been occasions where the meetings have been held through teleconferencing – with the Norwegian members holding discussions with their Ugandan colleagues via skype. Between meetings the business of governance is carried out through email and phone contacts. Other than the quarterly reports, we have seen only one other document presented at board meetings – for information, discussion and/or decision. It is the duty of the board to demand detailed information – analyses of issues – to aid their decisions and of the staff to provide information.

Our findings from reading of the minutes of Board meetings are that: there is no consistency in setting the agenda and recording minutes, the order of items on the agenda is unusual, there is lack of clarity on who to record as “present” and who as “in attendance”, action points are not clearly recorded and reviewed at subsequent meetings for progress, lengthy presentations are made verbally when they should be prepared as briefing papers and reports and sent out days before the meeting, some

matters which should be standing items are left out from meetings an example being no financial report discussed at the meeting of 8th May 2014, that at leat one resolution was recorded as being made not at a board meeting but during a *Board discussion* (resolutions can only be made at meetings which have been called following set procedures) and, that programme staff, especially the heads of the Physiotherapy and Social Work departments do not attend the meetings to provide information and give explanations to the board.

A decision was made at the Board meeting of 03/02/2014 to send the children who need medical attention to Lira Medical Centre, a private fee paying establishment which is owned by a member of AFU Board of Directors who is at the same time AFU's landlord. There is no indication of consideration of possible conflict of interest or that organisational policy – if any- for carrying out business with a member of the board was followed. We are in no way saying anything underhand has taken place but that AFU has to be seen to have and implement the provisions of relevant policies.

AFU is also in the unique position of having a paid Executive Chairman. We were informed that the arrangement was necessary when AFU did not have an Executive Director and that it was to end in 2014.

Staff

AFU employs 20 people, seven of whom have direct contact with project beneficiaries. AFU has been managed by an Executive Director since 2013. Prior to that the Programme Coordinator who was in charge of the project reported to the Executive Director of Adina Norway. There are two categories of staff – programme and administrative. Not all programme staff work directly with the children. The same is the case for administrative staff. The staffing structure is made up of the Management and Finance Department, the Physiotherapy Department and the Social Work Department. The post of matron which carries the responsibility of caring for the children round the clock is, unusually, categorised as administrative and the post holder reports to the Finance and Administration Manager. AFU employed a nurse up till January 2013 when the post was made redundant. Hitherto the post holder covered for the matron on the days she was off duty. Cover is now provided by a cook.

The majority of AFU programme staff have more than 5 year's work experience and all programme staff have or are working towards postgraduate qualifications.

Minutes of staff and board meetings and comments from interviews show that there is need for a review of staffing and salary structure.

Project implementation – activity planning and execution, monitoring and evaluation

Planning

AFU's financial plans (budgets) cover 12 month periods corresponding with the calendar year. The plans are drawn up by staff and are signed off by the Executive Chairman. The plans are then transmitted by email to Adina Norway for approval and funding. We did not see evidence which indicates that the planning process involves AFU's partners, or that it includes a review of the previous year's activities and that lessons learnt from the review are applied. It is not clear when the annual targets are set.

Field activity plans are drawn up by the respective departments and submitted to the Executive Director. The Physiotherapy and Social Work department staff draw up monthly activity plans. Our experience during field work for this evaluation seem to indicate flaws in planning.

We were told to start field work on a Saturday as one vehicle would be used the following week (the week we had planned to carry out the field work) to take CWD to CORSU for review. It turned out that we could not start on the Saturday and the CWD were not taken to CORSU as, unknown to AFU when the decision was made, they were closing for Christmas

In a busy organisation as AFU is, activity dates are ploted using year planners. That way activities for the whole year can be seen at a glance and clashes in dates or in demands for resources are avoided.

Execution

Most of the rehabilitation activities are carried out by the Physiotherapy and Social Work departments.

Table 3 below shows how AFU performed in relation to annual rehabilitation targets.

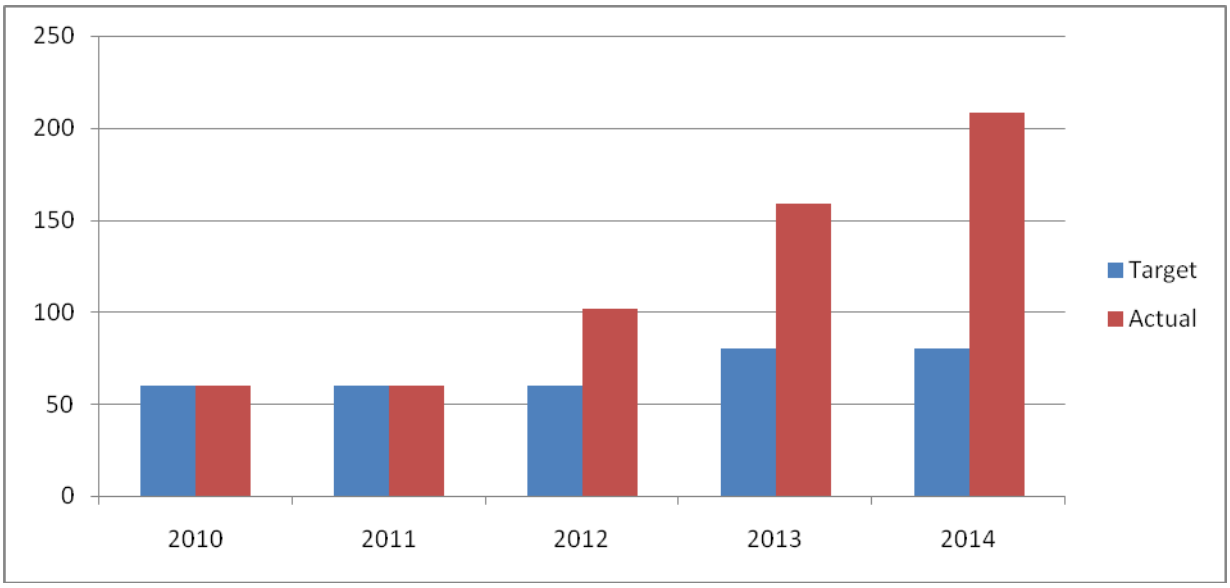

Table 3 Rehabilitation performance relative to targets

The rehabilitation process starts form assessment of CWD, institutional rehabilitation (which may involve physiotherapy and surgery and, catch up classes), in some cases the provision of assistive devices, and community based rehabilitation for all. Assessment is carried out by staff from the two departments working together. Thereafter staff from the two departments very rarely sit together to discuss individual cases. The case files we have had access to are kept by the Physiotherapy department and contain the intake form, treatment plan and treatment notes. We did not find any evidence that the general welfare of each child is discussed by staff of the two departments sitting together and progress notes recorded in a single case file.

While at LRC, CWD appear to be well cared for. They have at least three meals a day and have scheduled activities which include catch up classes, helping with household chores (for example cleaning dormitories, washing dishes, sorting beans etc), and games. We have heard of some children expressing their wish to remain at LRC rather than be taken back to their families. It is not clear how counselling and physiotherapy sessions are planned or whether there is a policy covering aspects of IR which for example would indicate how many counselling sessions a child should have over a given period of time while they are at LRC.

On one occasion the children were left alone with the security guard while the rest of AFU staff went to attend a colleague's marriage ceremony. The same day 10 strangers to the children – the Lead Consultant and researchers – were allowed to use the classroom at LRC for briefing on the Mid Term Review. We have learnt that the

children had been left alone on more than one other occasion before, then because the matron left the centre without informing her supervisor and arranging a suitable cover.

Since 2013, Physiotherapists have been conducting outreach clinics in two Health centres. Running these clinics increase not only the number of CWD rehabilitated but also the number of parents/carers who are trained to carry out CBR.

LRC has also introduced physiotherapy services for paying outpatient adults. It seems the demand for this service is low as only 7 adults were seen over a period of two years.

Monitoring and evaluation

The documents we reviewed show that verbal reports of activities are given at staff meetings and quarterly written reports are submitted to the Executive Director who in turn compiles a report for the board and Adina Norway. Other than the financial reports which show expenditure relative to the budget, the reports of the Physiotherapy and Social Work departments do not show how the two departments perform relative to targets, or whether there are issues that can affect the project.

On a number of occasions during interviews with members of PSG it was mentioned that follow up by AFU staff to monitor CBR were fewer than the PSG members expected. Examples were cited where parents/carers were mistreating CWD who had been rehabilitated but AFU staff had not picked them up.

> After the separation of her parents, child A was cared for by her grandmother. The grandmother brought her to AFU for rehabilitation. After surgery at CORSU she was returned to her grandmother. Her father, a civil servant who lives in his work place away from the village, took child A to his current wife on the pretext that a grandmother cannot bring up a child properly. Members of the PSG noticed that the stepmother of child A was forcing her to do things like splitting firewood when the surgery wounds on her arm had not healed.

Feedback we received from AFU staff was that follow up meetings are carried out and that it is not possible to visit the family of every rehabilitated CWD.

There is no evidence that annual evaluations take place and that annual plans are informed by evaluation of the activities of the year preceding the one planned for. It is of the essence that AFU develops an organisational culture that ensures effective monitoring and internal evaluation of projects and that learning from the evaluation informs plans.

2.3.1 Physical and financial resources for project implementation

Physical

AFU operates from a rented converted residential house in a large compound. The offices of the Executive Director, the Physiotherapists and the Finance and Administration department are in different parts of the building. One large room is used for physiotherapy and two large but unconnected rooms serve as dormitories, one for girls and the other for boys. On at least one occasion the boys' dormitory was full and younger boys were taken to sleep in the girls' dormitory. Parents who come to LRC the day before their children are taken for surgery sleep on the floor in the dormitories, women with the girls and men with the boys. It seems that AFU does not work to a set of standards on occupancy – the maximum number of people who can sleep in a given floor space, the age at which girls and boys can sleep in one room and whether adults can sleep in the same room with the children.

A detached structure, part of it open walled serves as the classroom, dining room and TV room for the children and the fully walled part is Social Workers' office. Cooking is done in a detached shed and, in addition to flush toilets within the main building there is a 4 stance pit latrine within the large compound/playground.

Over the years AFU has purchased and now has all the physiotherapy equipment it needs.

A computer network was built but it either is not working or the staff of AFU do not have the skills to use it effectively. There are no files held centrally and the AFU website is not updated regularly. The head of the Physiotherapy Department was trained by the company that set up the website to update it, however maintaining a website is not a one person operation. He has also set up a database which does not appear to be used effectively by other staff AFU.

There are two vehicles, a double cabin pickup and a minibus and, two motorcycles. It appears that there is no clear guidance on when a motorcycle not a vehicle should be used for field work. One full time and one part time driver are employed. There have been discussions on whether to continue with one full time and one part time driver and at the time of drafting this report a decision had yet to be reached.

Financial

Other than the occasional small donations from banks, AFU has been financed exclusively by Adina Foundation Norway. From 2010 to 2014 it has received a total of Ugx 2,501,008,110 for the rehabilitation project. The initiative to generate income from adult physiotherapy outpatients has so far not produced any significant amounts. However, AFU is in the enviable position that everything it needs for the project is funded and has consistently underspent its budget.

Sustainability of the project

2.4.1 Durable changes/outcomes

The project's outcomes may be categorised as visible and invisible. The visible outcomes include rehabilitated children, increased household incomes and improved access to facilities.

Rehabilitated children
From inception, AFU has rehabilitated 589 CWD. The majority of these CWD had physiotherapy, surgery and catch up classes. With the exception of very few cases of relapse caused by poor care at the CBR stage when the children return to their families, the 'cure' of the mobility disability in the CWD can be seen and is durable. For some older children, the acquisition of vocational skills and start up kits have enabled them to carry out income generating activities on their own and reduce their dependence on family members and well wishers for support.

Increased household incomes
The technical and financial support AFU gives to PSGs, such as training in apiary and the provision of bee hives and, training in running VSLA and the provision of cash boxes has, in the larger number of households, led to increases in incomes. A number of participants in the FGDs said they have more income than they had before the rehabilitation of their children.

Improved access to facilities
The intervention of AFU has resulted into the construction of ramps and rails in schools. Wheelchair-using CWD now have and will always have access to classes, offices and toilets. Those who still have difficulties in reaching schools due to long distances from their homes to schools are taken to boarding schools by AFU

The invisible outcomes include attitude change at household and community levels and improved knowledge and skills in the teachers trained by AFU.

Attitude change
The majority of CWD, members of PSGs and Key Informants we interviewed reported changes in the attitude of the people in their families and communities regarding the status of CWD, causes of disability and the possibility of rehabilitation. This change does not affect only the CWD rehabilitated by AFU, it also affects those who have not been rehabilitated and will also affect the treatment of the children who will be born with or acquire disability in the communities where AFU has been working.

Improved knowledge and skills
The teachers who have been trained by AFU on Inclusive Education are better able to create environments where CWD have equal access to services and are treated without discrimination. The changes in the teachers will influence the treatment of CWD in the schools where they were working when AFU trained them and any other schools they may work in thereafter. It is also reasonable to assume that the knowledge and skills will cascade to other teachers who were not trained by AFU but work with those who have been trained.

2,4,2 Commercial activities

In Goal 6, AFU set out to implement commercial activities as a tool to secure sustainability for long term exit strategy for the project.

The introduction of adult outpatient physiotherapy services in 2013 was intended to generate income. Since this decision was made, only three adult patients were treated in 2013 and four in 2014.

2.4.3 Collaboration with local structures/partners

Collaboration involving an NGO (especially a donor funded one) and local (read government) structures in Uganda rarely exists if there is no flow of money from the NGO to the actors in the local structures. Elected members and civil servants expect to be paid – under the guise of transport refund etc- for appearing at NGO organised events and doing what they have been elected or employed to do. To its credit, AFU has established rapport which enables these actors in the areas where it operates to value its contributions and reduce their expectations of monetary gains when working with AFU. We interviewed some councillors representing people with disabilities and found out that they were keen to follow up the CBR component of the rehabilitation of CWD.

Plan Uganda, NUDIPU, CPU, schools and vocational institutions are the other partners of AFU.

Plan Uganda's partnership with AFU involves Plan taking financial responsibility for the rehabilitation of 20 CWD in a year though it appears that fewer CWD than 20 per year have been paid for to the end of 2014. Plan funding pays for surgery at CORSU or Cure for the CWD, 1 social worker post and contributes to the costs of: administration,

bedding and feeding for the CWD, vehicle running costs and celebration of the Day of the African Child.

AFU works with NUDIPU in providing training to teachers in the schools attended by rehabilitated CWD. This is a good example of collaboration that builds sustainability. As discussed above, the knowledge and skills gained by teachers will be applied throughout their lives and may cascade to other teachers.

The partnership involving AFU placing FAC in schools through CPU has not been an easy one. The relationship between AFU and CPU has been less effective than would be expected because of CPU's approach to sponsorship. CPU does not encourage sponsors to visit the FAC in the institutions they attend in the absence of a CPU social worker. It also withholds the identity of sponsors from FAC and it appears the identity of FAC from sponsors. When the CPU Executive Director was interviewed as part of the Mid Term Review, she was unwilling to disclose the number of FAC it supports. The lack of transparency on CPU's part does not provide an enabling environment for effective partnership. Consequently AFU's involvement with FAC does not appear to be effective. Not even one FAC was made available for interview for the Mid Term Review. Considering that any FAC AFU may want to sponsor is likely to be over 18, it is imperative that the targeting of FAC for sponsorship is evaluated and if it is found that the sponsorship should continue then AFU should seriously consider another approach other than partnership with CPU.

CHAPTER THREE
CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

3.1.1 General

Our general conclusion is that for an organisation of its age, and with staff who do not have a lot of experience to bring from well established residential care or child rehabilitation organisations, AFU has done well to design an innovative and holistic project and work assiduously to achieve its goals. We observed and interacted with the chidren at LRC and in the communities;and heard from their parents/guardians and other stakeholders. Thanks to AFU, the physical and psychological changes in the children, the attitude changes in the communities and the intellectual assets gained by the teachers AFU trained are there to last.

On the other hand AFU's relative youth as an organisation and the cross cultural nature of its board and dual reporting structure do combine to create not insurmountable internal weaknesses in governance, management and implementation.

The sub sections below contain our conclusions on specific aspects of the project.

3.1.2 Relevance

In a situation as it is in northern Uganda, where the rehabilitation of CWD by the responsible statutory institutions rarely go beyond giving out a few wheelchairs, any rehabilitation project that includes physiotherapy, surgery and the provision of assistive devices would be relevant. AFU's approach goes farther to address the livelihood of the CWD once returned to his/her family. In a funding environment where donors are keen to maximise the impact of their funds, it is not unexpected that AFU's approach could come under pressure. The social and economic contexts of the setting of the project need to be taken into consideration. The CWD cannot be seen to be rehabilitated if their parents still harbour false beliefs about disability, discriminate against CWD and are unable to care for them after institutional interventions, if the CWD are unable to go to school because the school buildings are inaccessible to them, if their parents are unable to provide basic necessities etc. There are no provisions for CBR that can compliment AFU's interventions had it chosen to do only IR. The consequences would more likely have led to more traumatic experiences for the majority of CWD.

3.1.2 Project Effectiveness

The synergy resulting from the implementation of IR and CBR means that the CWD's right to good health, food, shelter, education are addressed. It also builds the capacity of community actors to understand the causes of disability and to treat CWD without discrimination. However, in some cases poor care at CBR stage which may go unnoticed by AFU reduces the effectiveness of the project in the experience of the CWD who are affected.

3.1.3 Project design, implementation, monitoring and evaluation

The project is innovative and fit for purpose, it can enable AFU achieve its goals. However, the rehabilitation of FAC has turned out to be challenging.

The implementation activities as planned are robust, they are carried out with good intentions. However weaknesses in capacity sometimes occasioned by lack of knowledge and/or inefficient or structures cause implementation flaws.

The monitoring that is done is not systematic, it is mostly quantitative. Some of the information that can be obtained from systematic monitoring is thus lost.

The default time for evaluating a project is at annual planning stage. AFU does not appear to do this formally.

3.1.4 Management

For simplicity we have included board activities under management, ideally they should be considered separately under governance.

The board is composed of committed and well meaning individuals, however, it appears that its cross cultural composition and physical separation may be the causes of some of its weakneses. We have observed that decision making at board level appears to happen a lot less rigorously than it should. The board's role in holding staff to account is not well implemented and the board appears to be innocently unaware of some common good practice and essential aspects of policy.

Systematic supervision of the Executive Director by the board and by managers of the staff who report to them is lacking. The Executive Director who has been in place for less than two years has started implementing changes and addressing issues in audit management letters but she needs both managerial and non managerial support.

The organisational policies and procedures that exist may not cover all relevant aspects. Even then there appear to be gaps in following them diligently.

There are performance issues with AFU staff. Fortunately training events have been taking place, though it seems the events are designed based on what the staff say they need rather that what is relevant for the organisation. Budget allocation for training has been inadequate during the five years.

3.1.5 Budget allocation and management

Budget allocation needs to be more efficient. Cost and activity assumptions during the budgeting process should be more robust.

After the budget has been approved the monitoring that takes place appear to be perfunctory. Focus being on the percentage of the budget spent for the quarter and the amounts received from Adina Norway, with little or no attention on projections to year end. Budget management should also involve revision to address the changes that have occurred in expenditure and the assumptions made when the budget was drawn.

3.1.6 Sustainability

AFU has designed and implemented the project to achive sustainable outcomes, no easy feat especially for a young one as it is. However its attempts at working towards financial sustainability have not been as successful.

3.1.7 Stakeholder collaboration

AFU is good at winning the support of elected representatives and civil servants. It has also increased their capacity to address disability in their respective areas of work.

Collaboration with Plan appears to be working well. However, AFU can still look for ways of making it more effective.

The collaboration between AFU and schools, vocational institutions and NUDIPU is effective.

Collaboration with CPU has not been effective.

3.2 Recommendations

3.2.1 General

Our recommendations are mainly concerned with service delivery – the changes AFU may implement in carrying out rehabilitation of CWD and, internal capacity - the hygiene factors that if addressed keeps the organisation healthy and if not leaves the organisation susceptible to 'sickness'. There is less that needs to be done around rehabilitation services compared to what needs to be done about hygiene.

The detailed recommendations below are informed by our findings and correspond to the conclusions in 3.1 above.

3.2.2 Relevance

1) Do nothing.

3.2.3 Project Effectiveness

See recommendations under project design, implementation, monitoring and evaluation below.

3.2.4 Project design, implementation, monitoring and evaluation

1) Review the relevance of the inclusion of FAC as a beneficiary group.
2) Plan the intake of CWD in cycles
3) Draw up annual plan of activities which includes fixed dates for taking CWD to CORSU and CURE. Use year planner to show at a glance activities for the whole year.
4) Review the implementation of follow up during CBR and set follow up visit targets.
5) After research and consultation draw up and implement a policy on occupancy and child protection, how many children can be accommodated at LRC at any given time, how and who should look after them etc.
6) Review the post of the Matron, is it an administrative or a programme post?
7) Institute case work approach which includes case conferences, having a single case file per CWD (where a detailed diary of progress is recorded by all staff who have direct contacts with the children) and a named caseworker for each CWD.
8) Design systemic data collection instruments, use them and set regular dates for reviewing data collected
9) Set fixed dates in the year for evaluation and planning retreats where evaluation findings inform planning

3.2.5 Management

1) Review the governing document (constitution) to ensure that it is robust and has provisions on conflict of interests, doing business with board members or connected persons etc.
2) Review the decision making process at board level, what information should be available and when, how decisions are made between board meetings etc
3) Revise the structure and conduct of board meetings – this includes agenda setting, information for members (what format, who from and when), discussions and disposal of agenda items (decisions, action points etc), minute taking and approval of minutes
4) Institute regular, formal and recorded managerial supervision for the Executive Director, and consider providing mentoring by an experienced and independent mentor
5) Organise training on the board's governance roles for board members
6) Review the availability, relevance and implementation of organisational policies and procedures
7) Ensure all members of staff receive regular, formal and recorded supervision which amongst other things records the improvements in performance occasioned by AFU provided training.
8) Carry out an organisational assessment
9) Carry out training needs analysis and draw up a capacity building plan which focuses primarily on organisational skill needs such as written communication which, for AFU is seriously lacking.
10) Ensure the budget allocation for organisational capacity building can pay for the board training and the interventions identified by the training needs analysis and organisational assessment.

3.2.6 Budget allocation and management

1) Find out why some cost headings are underspent every year and take action to make budget allocations more accurate
2) Establish benchmark rehabilitation cost per head to inform budgeting
3) Ensure management accounts produced after every quarter shows: expenditure to date, variations (if any) against budget for the period, cumulative expenditure for the year and projections for expenditure to year end.
4) Set fixed time in the year, best after second quarter, for budget review when funds can be reallocated.

3.2.7 Sustainability

1) Consider undertaking commericial activities in the rehabilitation industry
2) Assess existing capacity to carry out physiotherapy for paying adult outpatients and make the service known to the public
3) Consider creating a separate profit making company to run any commercial activity not related to rehabilitation

3.2.8 Stakeholder collaboration

4) Do nothing new on collaboration with elected representatives, civil servants, schools and vocational institutions.
5) Review collaboration with Plan with the intention of improving terms of agreement
6) Review collaboration with CPU with the intention of ending it.

Annex 1: Sample Management Action Plan Template

Recommendation (with AFU's modification, where appropriate)	Priority level (High, Medium, Low)	Action(s) to be taken	Time frame	Person/Organ Responsible	Support Required from Adina Norway
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Annex 2: Lists of Persons Contacted

2.1 Key Informants

	Name	Position	Gender	S/county	District
1.	Jolline Akello	Councillor PWD	F	Aromo	Lira
2.	Molly Alwedo	CDO	F	Aromo	Lira
3.	Theopista Aceng	CDO	F	Ogur	Lira
4.	Alice Abura	Councillor PWD	F	Barr	Lira
5.	Jane Ekayu	Executive Director CPU	F	Lira	Lira
6.	George Isaac Okun	Sub-county Chief	M	Ogur	Lira
7.	Jimmy Obwona	Councillor PWD	M	Aromo	Lira
8.	Emmanuel Komakech	Sub-county Chief	M	Aromo	Lira
9.	James Alele Okello	Trainer PSG	M	Lira	
10.	Patrick Akii	Parish Chief	M	Ogur	Lira
11.	David Elich	L C 3 Chairperson	M	Aromo	Lira
12.	William Opio	Focal Point Teacher	M	Aromo	Lira
13.	Peter Engol	Councillor PWD	M	Ogur	Lira
14.	Lubisa Akwero	Councillor PWD	M	Ogur	Lira
15.	Ronald Omara	Deputy Headteacher	M	Ojwina	Lira
16.	Terence Okullu	Parish Chief	M	Aromo	Lira
17.	Peter Ocan	CDO	M	Barr	Lira
18.	Julius Peter Abala	Focal Point Teacher	M	Aromo	Lira
19.	Faustino Okello	Councillor PWD	M	Barr	Lira
20.	Aggrey Okeng	Parish Chief	M	Barr	Lira
21.	Joel Peter Atine	L C 3 Chairperson	M	Barr	Lira
22.	Jimmy Angole	Sub-county Chief	M	Barr	Lira
23.	Quillinus Otim	Director Ave Maria	M	Lira	Lira
24.	Acaki Joan	Councillor PWD	F	Apala	Alebtong
25.	Dorcas Atim	Focal Point Teacher	F	Apala	Alebtong
26.	George Ogoronyang	Parish Chief	M	Apala	Alebtong
27.	Patrick Apungu	Sub-county Chief	M	Apala	Alebtong
28.	Benard Ben C.Ocen	Councillor PWD	M	Apala	Alebtong
29.	Lillian Aping	CDO	M	Apala	Alebtong
30.	Felix Odongo	L C 3 Chairperson	M	Apala	Alebtong
31.	Peter Ongom	Parish Chief	M	Apala	Alebtong
32.	Elizabeth Alyano	Executive Director	F	AFU	
33.	Bonny Okello Alele	F&A Manager	M	AFU	
34.	Loy Awat	Head Social Work	F	AFU	
35.	Lameck Emoru	Head Physiotherapy	M	AFU	
36.	Rosemary Okol	Matron	F	AFU	
37.	Endre Blindheim	Board Member	M	AFU	
38.	Hilde Sandnes	Executive Director	F	AFN	

39.	Liv Naess	Chairperson	F	AFN
40.	Sam Atul	Chairperson	M	AFU
41.	Ben Ogwang Ocho	Board Member	M	AFU

2.2 Focus Group Discussion (FGD) Participants

PSG members from Lira District who participated in Focus Group Discussions

	Name	Gender	Title
1.	Margaret Onyen	F	Security Guard
2.	Grace Opio	F	Time keeper
3.	Idonia Abuba CP	M	Member
4.	Sophia Amongi	F	Member
5.	Teresa Okullu	F	Member
6.	Dorcus Akao	F	Member
7.	Esther Achan	F	Member
8.	Flossy Ekwan	F	Member
9.	Margaret Otim	F	Member
10.	Aida Okello	F	Member
11.	Janet Adong	F	Member
12.	Jasinta Akello	F	Member
13.	Jasinta Akao	F	Member
14.	Hellen Amuge	F	Member
15.	Joan Odong	F	Member
16.	Achen Betty	F	Member
17.	Agnes Atoke	F	Member
18.	Filda Akowo	F	Member
19.	Alice Agoro	F	Member
20.	Christine Akori	F	Member
21.	Lecho Binayo	M	Member
22.	Suzan Okello	F	Member
23.	Josephine Ekwang	F	Member
24.	Harriet Okullu	F	Member
25.	Betty Otim	F	Member
26.	Mildren Obua	F	Member
27.	Dorcus Okullu	F	Member
28.	Mary Ajalo	F	Member
29.	Betty Opio	F	Member

30.	Mary Elok	F	Student
31.	Middy Odam	F	Student
32.	Roselyn Odur	F	Member
33.	Molly Kia	F	Member
34.	Betty Okello	F	Member
35.	Milly Okello	F	Member
36.	Anna Abura	F	Member
37.	Stella Otim	F	Member
38.	Christine Amakeri	F	Member
39.	Connie Ogwang	F	Member
40.	Lilly Omiji	F	Member
41.	Flo Okire	F	Member
42.	Stella Okullu	F	Member
43.	Harriet Anweri	F	Member
44.	Lillian Ongeng	F	Member
45.	Mary Ekwang	F	Member
46.	Hellen Ogwal	F	Member
47.	Dorcus Otim	F	Student
48.	Lucy Agoa	F	Student
49.	Sylvia Ogwang	F	Student
50.	Sophia Ejang	F	Student
51.	Santa Aguma	F	Student
52.	Evaline Okello	F	Student
53.	Ketty Achal	F	Student
54.	Margaret Okello	F	Student
55.	Evaline Oteng	F	Student
56.	Lawrence Okwi	M	Student
57.	Steven Obua	M	Student
58.	Anna Adong	F	Student
59.	Janet Akoli	F	Student
60.	Polly Odam	F	Student
61.	Tom Lemo	M	Student
62.	Semmy Okullu	F	Student

63.	Mary Okullu	F	Student
64.	Rose Okullu	F	Student
65.	Alex Okol	M	FAL Instructor
66.	Robson Okori	M	Student
67.	Opio Robert	M	Elder
68.	Brenda Owala	F	Member
69.	Harriet Aliro	F	Member
70.	Nighty Odongo	F	Member
71.	Molly Abong	F	Member
72.	Gloria Alal	F	Member
73.	Stella Agoi	F	Member
74.	Betty Odongo	F	Member
75.	Lily Omara	F	Member
76.	Sophia Ojuka	F	Member
77.	Eunice Eguk	F	Member
78.	Rose Adea	F	Student
79.	Stella Ocaka	F	Student
80.	Hellen Abong	F	Student
81.	Teddy Odongo	F	Student
82.	Lestina Ojor	F	Student
83.	Janet Akello	F	Student
84.	Bitorina Agoi	F	Member
85.	Grace Ogwang	F	Member
86.	Molly Quirino	F	Member
87.	Jenifer Okello	F	Member
88.	Sida Ojok	F	Student
89.	Sophia Ongom	F	Student
90.	Mary Alal	F	Member
91.	Dilis Ocen	F	Member
92.	Judith Ocen	F	Student
93.	Joyce Ocaka	F	Student
94.	Janet Okwir	F	Student
95.	Molly Okwany	F	Student

96.	Albatina Abong	F	Student
97.	Semmy Atepo	F	Student
98.	Grace Otim	F	Student
99.	Akello Collin	F	Student
100.	Janet Alal	F	Student
101.	Susan Opio	F	Student
102.	Janet Owelo	F	Student
103.	Agnes Okello	F	Member
104.	Filda Ongom	F	Member
105.	Janet Atepo	F	Member
106.	Rose Okello	F	Member
107.	Beatrice Alal	F	Member
108.	Melda Okello	F	Member
109.	Joana Ebong	F	Member
110.	Madilena Okabo	F	Member
111.	Denis Owala	M	Member
112.	Lily Alum	F	Member
113.	Grace Okello	F	Member
114.	Lucy Ogwang	F	Member
115.	Tobia Ogwang	F	Member
116.	Milly Odongo	F	Member
117.	Katherine Oteng	F	Member
118.	Grace Otim	F	Member
119.	Grace Alero	F	Member
120.	Sarah Omara	F	Member
121.	Dorcus Otim	F	Member
122.	Siddy Akello	F	Member
123.	Anna Ocaka	F	Member
124.	Evaline Okello	F	Member
125.	Lily Omara	F	Member
126.	Esther Odongo	F	Member
127.	Dorcas Ongom	F	Member
128.	Dorcas Otim	F	Member

129.	Lucy Ogwal	F	Student
130.	Betty Ajok	F	Student
131.	Connie Akello	F	Student
132.	Sarah Alwedo	F	Student
133.	Sandra Awidi	F	Student
134.	Gertrude Ogwal	F	Student
135.	Hellen Acato	F	Student
136.	Eunice Angom	F	Student
137.	Lily Okello	F	Student
138.	Lestina Akello	F	Student
139.	Costa Ojuka	F	Student
140.	Scovia Olello	F	Student
141.	Evaline Alum	F	Student
142.	Charles Okwee	M	Member
143.	Emmanuel Ocaka	M	Member
144.	Benon Oteng	M	Member
145.	Geoffrey Aliro	M	Member
146.	Martin Alal	M	Member
147.	Francis Ocaka	M	Member
148.	Moses Ongom	M	Member
149.	William Odongo	M	Member
150.	George Amuja	M	Member
151.	James Ogwal	M	Member

PSG members from Alebtong District who participated in Focus Group Discussions

	Name	Gender	Status
1	Grace Olet	F	FAL Instructor
2	Janet Akello	F	Member
3	Jasinta Awino	F	Member
4	Christine Odongo	F	Member
5	Flo Ocen	F	Member
6	Caroline Oceng	F	Member
7	Sarah Okello	F	Member
8	Colline Olet	F	Member
9	Esther Okello	F	Member
10	Santa Ocen	F	Member
11	Hellen Ayugi	F	Member
12	Josephine Omara	F	Member
13	Beatrice Apunyo	F	Member
14	Grace Alami	F	Member
15	Ketty Atim	F	Member
16	Betty Adun	F	Member
17	Adoline Ogwang	F	Member
18	Joan Omara	F	Member
19	Semmy Otim	F	Member
20	Caroline Apio	F	Member
21	Sylvia Agoro	F	Member
22	Teddy Ayang	F	Member
23	Scovia Okello	F	Member
24	Grace Ecal	F	Member
25	Lilly Ecal	F	Member
26	Joyce Ojuka	F	Member
27	Milly Okabo	F	Member
28	Jenet Okello	F	Member
29	Caroline Otim	F	Member
30	Beatrice Ajok	F	Member

31	Veronica Ogwal	F	Member
32	Sophia Opio	F	Member
33	Rebecca Akello	F	Member
34	Caroline Opio	F	Member
35	Christine Okello	F	Member
36	Vicky Okello	F	Member
37	Jennifer Oleke	F	Member
38	Anna Odung	F	Member
39	Betty Awany	F	Member
40	Joan Awany	F	Member
41	Sarah Awongo	F	Member
42	Stella Ocen	F	Member
43	Molly Owiny	F	Member
44	Katherine Obote	F	Member
45	Susan Adongo	F	Member
46	Hellen Okae	F	Member
47	Jackline Awany	F	Member
48	Sylvia Okol	F	Member
49	Evaline Okite	F	Member
50	Rose Ekom	F	Member
51	Ongom Walter Otengo	M	Member
52	Joel Ojuka	M	Member
53	George Obong	M	Member
54	Jolly Joe Okello	M	Member
55	Jashper Obua	M	Member
56	Benson Ekou	M	Member
57	George Okae	M	Member
58	Geoffrey Ameny	M	Vice Sec
59	Moses Junior Emur	M	Member
60	Sam Ameny	M	Member
61	Francis Owido	M	Member
62	Geoffrey Odongo	M	Member
63	Moses Ogoronyang	M	Member

64	Bosco Awany	M	Member
65	Patrick Okullu	M	Member
66	Peter Otim	M	Member
67	Bosco Okello	M	Member
68	Antero Otiti	M	Member
69	James Opito	M	Member
70	Moses Ewai	M	Member
71	Patrick Okello	M	Member

CHILDREN WITH DISABILITIES

	Name	Age	Gender
1.	Sarah Auma	12	F
2.	Mirriam Acen	8	F
3.	Ronald Owiti	18	M
4.	Godwin Opio	19	M
5.	Ronald Akudu	12	M
6.	Haggai Obira	6	M
7.	Daniel Alobo	7	M
8.	Dominic Ojok	7	M
9.	Evaline Akello	15	F
10.	Sheila Atoo	16	F
11.	Tamali Acen	12	F
12.	Mercy Atoo	11	F
13.	Janet Amongi	15	F
14.	James Omara	13	M
15.	Jaspher Opio	14	M
16.	James Ojok	15	M
17.	Daniel Akena	08	M
18.	Lameck Ogole	11	M
19.	Isaac Akena	10	M
20.	Cosmas Epun	17	M

Annex 2.3 Individual CWD Interviewed

S\No	Names	Age	Gender
1.	Brenda	13	F
2.	Vivian	11	F
3.	Daniel Ogwang	12	M
4.	Fredrick Otim	17	M
5.	Hope Adong	08	F
6.	Samuel Adea	14	M
7.	Scovia Atim	16	F
8.	Sheila Atoo	16	F
9.	Bonny Ojok	12	M
10.	Ocen Patrick	13	M
11.	Polly Akao	15	F
12.	Shaperd Otim	14	M
13.	Stephen Ocaka	08	M
14.	Brenda Atoo	16	F
15.	Daniel Okello	14	M

Annex 3: Data Collection Instruments

Key Informant Interview Questions

These questions are not relevant to all interviewees. They will need to be used selectively and only those that apply to a particular respondent used.

1. What does AFU mean by comprehensive rehabilitation?
2. If you want to know the number of children registered and comprehensively rehabilitated where do you look?
3. Since 2010 how many CWDs have been registered with AFU?
4. How many of the registered CWDs have been comprehensively rehabilitated?
5. How many children are benefiting from psychosocial support services offered at AFU?
6. How is the education provided to the CWDs monitored?
7. Can you describe what AFU means by quality education?
8. What evidence do you have that the CWDs rehabilitated by AFU are getting quality education?
9. How are Parent Support groups initiated and run?
10. What is the process for establishing PSG income generation projects?
11. How is the success of the PSG IGPs measured?
12. How many PSG IGPs have been deemed successful?
13. What are the project outputs?
14. How are output targets set?
15. How is implementation supervised?
16. What tools are used for recording, reviewing and revising implementation?
17. Which NGOs work in partnership with AFU?
18. Which government structures work in partnership with AFU?
19. What is involved in the partnership?
20. What is the national situation regarding CWDs?
21. What is the national strategy for working with CWDs?
22. What is CBR?
23. How does AFU approach CBR?
24. What is non-discrimination?
25. How does AFU implement non-discrimination?
26. What is inclusive education?
27. How does AFU implement inclusive education?
28. What is child participation?
29. How does AFU implement child participation?
30. How are output related activities recorded?

31. At what intervals are outputs assessed against targets?
32. What performance assessment tools are used?

Survey Questionnaire for CWD who received services from AFU

Interviewer: Please use this statement to guide your start to the Interview.

Good morning/afternoon,

I am happy to be talking to you at this time. We are here to talk to you about the services you have received from AFU. We hope that your views will help AFU improve the services they provide to children. We encourage you to talk freely because no one in AFU will know what you told us.

Will you agree to participate in this study?
Yes = _____ Continue the interview
No = _____ Thank the respondent and terminate the interview

SECTION 1: IDENTIFICATION

Complete the Information below for all respondents approached	
RESPONDENT	**INTERVIEWER**
Name of Respondent (Optional):	Date of the Interview
District:	Time of the Interview
Sub county:	Interviewer's Name
	Interviewer's Phone No
	Signature of the Interviewer
OFFICIAL USE	
Edited and checked by the **FIELD SUPERVISOR**	Edited and checked by the **LEAD/ASSOCIATE CONSULTANT**
Name:	Name:
Date:	Date:
Signature:	Signature:

SECTION 2:BACKGROUND CHARACTERISTICS OF BENEFICIARIES

NO	QUESTIONS	CODING CATEGORIES	CODES
101	How old are you? ***(Fill completed years)***		
102	Gender***(Observe and tick appropriately)***	Male	1
		Female	2

SECTION 3: PROJECT PERFORMANCE

Answers to open ended questions should be written in the spaces provided.	

NO	QUESTION	ANSWER	CODES	SKIP
	PROJECT RELEVANCE/NON-DISCRIMINATION/PARTICIPATION			
201	What support have you received from AFU in the past five years?*(since 2010)****(List up to THREE forms of support: MULTIPLE RESPONSE)***	Institutionalised rehabilitation	1	
		Community based rehabilitation	2	
		Support to formal schooling	3	
		Support to vocational training	4	
		Other (specify)	5	
202	How many other children that you know have received similar support from AFU***(Enter the estimated number)***			
203	Why do you think you were selected among many children wih a similar challenge to receive assistance from AFU? ***(List up to THREE reasons that explain selection criteria)***			
204	Do you feel AFU provided the right type of support that you needed?	Yes	1	→206
		No	2	
205	If NO, what other form(s) of support would you have preferred? ***(List up to THREE forms of support)***			
206	Are there children who had a similar challenge as yours who have not been supported by AFU?	Yes	1	
		No	2	→208
207	If YES, what do you think has made AFU not to support such children? ***(List up to THREE reasons)***			
208	In what ways have you been involved in the provision of the services offered by AFU?***(List up to THREE ways)***			
209	In what ways has AFU sought your views before or after providing services to you or other children? ***(List up to THREE ways or NONE, if applicable)***			
210	What effects, if any, do you think your being involved or consulted has had on the services of AFU?***(List up to THREE effects)***			
	PROJECT OUTCOMES AND SUSTAINABILITY			
301	Whatgood changes have occured in your life as a result of the support from AFU? ***(List up***			

	to THREE changes)			
302	What benefits has your family, village or school got from your being supported by AFU? ***(List up to THREE benefits)***			
303	What has AFU done to make parents and teachers better support children like you? ***(List up to THREE forms of interventions)***			
304	What good changes have occurred in your family, village or school with regard to the treatment of CWDs and perceptions of disability? ***(List up to THREE changes)***			
305	Are there things that make you think that the good changes may last for a long time?***(List up to THREE things)***			
306	What bad changes have occurred in your family, village or school with regard to the treatment of CWDs and perceptions of disability?			
307	Suppose the support by AFU is no more, how do you think your life will be affected?			
308	What else should AFU do to improve the lives of children in your situation? ***(List up to THREE recommendations)***			

CWD Focus Group Discussion Question Sheet

The purpose of the mid-term evaluation is to assess project performance and progress to find out whether the project implementation is on track; the project is achieving its goals and objectives and producing expected outcomes/impacts. It will review the approaches of Community Based Rehabilitation (CBR), non-discrimination, inclusive education and child participation.
The FGDs will thus focus on finding the opinion of participants of their experience of the services AFU has provided from 2010.

For consistency all CWD FGDs should as much as possible follow this format. It is advisable they are held in the morning and end well before lunchtime. Those carrying out the CWD FGDs should be conscious of the fact that children need to be addressed differently – their attention spans and understanding of issues are not the same as those of adults. The DGs for these FGDs have been chosen intentionally as they have the training and experience of working with children. They should feel free to rephrase the questions in this guide as appropriate but should be careful not to veer of so far as to lose the objective of the FGD. The discussions should ideally last less than 1 hr. DGs should give the children a break as they see fit.

Introduction (10 min)

Greetings

Good morning. My name is _____ and my colleague is called _____. We are here to talk to you about what Adina Foundation has done for you. While you and I will talk about your experiences _____ will help me by taking notes of what you say so that we record everything you say.

Purpose

We want to get your perceptions of how the activities have affected your lives and your families so that we can advise AFU on what to do better. We are not looking for specific answers and there are no desirable or undesirable or right or wrong answers. Please feel comfortable and say what you really think and how you really feel.

Procedure

I would like to remind you that what you say here will remain confidential. The report we shall write will not identify who said what. To allow us finish the discussion in a short time it would be good if only one person spoke at a time

and that you do not repeat what has been said.

Participant introduction

You already know our names, let us get going by you telling us your names and your age.

Rapport building

When you were told that you would be taken to AFU for rehabilitation what did you feel?

Discussion (40 min max)

Guiding questions

- Expected outcomes/impacts

  How has the rehabilitation offered by AFU affected your life?
  How about things at home with family members, have there been any changes since your rehabilitation? Have they been good or bad changes?
  Are there and things that could make you think that the good changes may last for a long time?
- Community Based Rehabilitation (CBR)

  When you came back home, who has been treating you? Are you being well treated?
  Do you feel like being taken back to AFU for ongoing treatment or is it better for you to remain at home and be treated there?
  What do you think can be done so that your treatment at home is even better?
- Inclusive education

  How has the rehabilitation affected your education?
  Have the catch up classes helped? When you came back to school were you at the same level, behind or ahead of your classmates?
  What in your opinion can be done to improve the effectiveness of the inclusive education approach?
- Child participation

  Do the people from AFU or others involved in your rehabilitation including your parents get your opinion before anything is done?
  When you tell them something do they listen and do as you ask?

Winding up (5 min)

We have almost come to the end of the discussion. My summary of the discussion is that _____, _____, and that _____. If there anything I have

not mentioned I hope they have been captured in the notes.

Just one final thing, before we leave, is there anything anyone would like to add to the things that have been said?

Thank you for your time.

Focus Group Discussion Guide

A Focus Group Discussion (FGD) involves bringing together a few people (ideally 6 -8) with similar backgrounds or experiences, who, with the help of a trained guide provide richer (in depth) information on a specific issue than would have been generated using other methods.
This guide has been designed for Supervisors and Research Assistants participating in the Mid Term Evaluation of the Adina Foundation – Uganda's *Continued quality services to Children with physical Disability in Lira and Alebtong Districts* project. Each FGD shall have one person guiding the discussions assisted by another who will take notes.
The identification of participants and logistics for the FGDs will have been carried by AFU. AJP Consulting researchers' involvement with the participants will start and end during the discussions. Their roles will be to:

1. Introduce themselves, and the Discussion Guide (DG) shall explain the purpose of the FGD, her/his role and that of the Note Taker (NT) and ask each participant to introduce her/himself. The introduction helps to create rapport and inform participants on issues such as the time they are likely to spend in the FGD, incentives (if any), the use of the information generated and anonymity – not being identified in the evaluation report.

2. Present the topics/questions for discussion. The DG should start with an easy to answer question that will set the participants at ease and get them talking, for example "When did you get to know of what AFU does for children with disabilities and their families?" Follow up with the questions in the provided questions sheet.
   In guiding the discussions, the DG shall
   - politely interrupt and move people on if they seem to be stuck on a topic
   - tactfully prevent individuals from dominating the discussion
   - directly encourage individuals who are not saying much to contribute more
   - ask at the end if there is any other information regarding the participants' experience with AFU that they think would be useful for the evaluation to know
   - conclude by summarising the opinions generated, remind the participants of what use will be made of the information generated and thank them for their time.

3. The NT shall draw up a seating plan and assign participants code names or numbers. She/he shall sit where it is easy to listen to what each participant says. When necessary she/he should record quotable statements in Lango as they are made, and where there are gaps in the verbatim recording indicate the gap using three full stops. If the NT is unable to take notes in English as the discussion is

held in Lango, then the notes should be taken in Lango and translated into English not later than two days after the FGD. The NT does not take part in the discussions.

4. The DG and the NT go over the FGD notes before handing them over to the Lead or Associate Consultant no later than two days after the discussions.