CBR – OWPC Evaluation
Maimana, Faryab Province

International Assistance Mission

November 2017

Evaluator: Joel Harri, Greenlight Development Consultants
Contents

1. Background..............................................................................................................3
2. Terms of Reference.............................................................................................3
3. Methodology........................................................................................................4
4. Results..................................................................................................................5
   4.1 Effectiveness
   4.2 Impact
   4.3 Relevance
   4.4 Efficiency/Strategy
   4.5 Sustainability
   4.6 Coordination and Coherence
5. Conclusion..........................................................................................................17
6. Appendixes..........................................................................................................18
1. Background
The Orthopedic Workshop and Physiotherapy Clinic (OWPC) was opened in 2003 in Maimana city, Faryab province, to provide orthotic and assistive devices to people living with disability (PWD), accompanied by physiotherapy services. In 2007, a pilot Community-Based Rehabilitation (CBR) project began, to enable outreach and advocacy to rural communities in Faryab province, mobilising community volunteers to support a programme of assistance and self-reliance for PWD and support for their families. Pushing for the education of children with disabilities in mainstream schools and/or specialist classes to teach sign language and Braille has been a significant activity. CBR became a permanent part of the project design and for the last several years the project has been recognised as CBR-OWPC.

Various expatriate volunteer professionals served with the project in technical and management roles until 2014, since then IAM has been unable to sustain a residential expatriate team in Maimana city for reasons of security. IAM has also had low capacity to support CBR-OWPC remotely due to the loss of qualified or experienced staff. Even so, the project has been managed and led ably by the national team, and enjoys the support and respect of local government and civil society as well as international NGOs active in the sphere of disability work.

The CBR part of the project was stopped in June 2017 and the project now consists of the OWPC.

2. Terms of Reference

The TOR are included as Appendix 1.
3. Methodology

The methodology for this evaluation consisted of key informant interviews, beneficiary interviews, observation, and a desk study of reports.

The following people were interviewed:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Yasseen Arsalan</td>
<td>Deputy and Acting Director, Directorate of Education (DoE)</td>
</tr>
<tr>
<td>Mr. Kareem Khan</td>
<td>Deputy Director, Directorate of Labour, Social Affairs, Martyrs and Disabled (DoLSAMD)</td>
</tr>
<tr>
<td>Haji Asef</td>
<td>Former Project Manager of CBR</td>
</tr>
<tr>
<td>Ms. Rahima</td>
<td>Female physio, OWPC</td>
</tr>
<tr>
<td>Mr. Tawfiqullah Karimi</td>
<td>Project Manager, OWPC</td>
</tr>
<tr>
<td>Wheelchair Basketball players</td>
<td>Beneficiaries</td>
</tr>
<tr>
<td>Dr Muhammad Naim Musammem</td>
<td>Director, Directorate of Public Health (DoPH)</td>
</tr>
<tr>
<td>Mr. Assadullah</td>
<td>Workshop Manager, OWPC</td>
</tr>
<tr>
<td>Mr. Abdul Laziz</td>
<td>Beneficiary</td>
</tr>
<tr>
<td>Parents of baby with club foot</td>
<td>Beneficiary</td>
</tr>
<tr>
<td>Man on crutches</td>
<td>Beneficiary</td>
</tr>
</tbody>
</table>

3.1 Biases and Weaknesses

The number of beneficiaries interviewed was limited because of security concerns and time constraints. The evaluation therefore relied heavily on key informant interviews, observation and a desk study of reports.
4. Results

4.1 Effectiveness

4.1.1 The achievement of the project’s outputs.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Referrals to specialist services by PWDs, DCs, DPOs</td>
<td>80</td>
<td>32</td>
<td>80</td>
<td>72</td>
<td>60</td>
<td>83</td>
<td>80</td>
<td>96</td>
<td>80</td>
<td>10</td>
</tr>
<tr>
<td>Clients receive specially made orthopaedic devices</td>
<td>600</td>
<td>726</td>
<td>600</td>
<td>773</td>
<td>800</td>
<td>804</td>
<td>1200</td>
<td>868</td>
<td>1200</td>
<td>652</td>
</tr>
<tr>
<td>Clients receive assistive devices</td>
<td>1600</td>
<td>1575</td>
<td>1600</td>
<td>2245</td>
<td>1800</td>
<td>2968</td>
<td>2500</td>
<td>2476</td>
<td>2500</td>
<td>2110</td>
</tr>
<tr>
<td>PT services</td>
<td>NA</td>
<td>1575</td>
<td>NA</td>
<td>1844</td>
<td>NA</td>
<td>2087</td>
<td>NA</td>
<td>2480</td>
<td>NA</td>
<td>2400</td>
</tr>
<tr>
<td>Children with disabilities enrolled in public schools</td>
<td>50</td>
<td>53</td>
<td>50</td>
<td>52</td>
<td>60</td>
<td>45</td>
<td>60</td>
<td>63</td>
<td>60</td>
<td>46</td>
</tr>
<tr>
<td>PWD attend adult literacy classes</td>
<td>NA</td>
<td>NA</td>
<td>20</td>
<td>34</td>
<td>30</td>
<td>36</td>
<td>40</td>
<td>No class avail.</td>
<td>20</td>
<td>No class avail.</td>
</tr>
<tr>
<td>PWD receive vocational training</td>
<td>1 M 3 F</td>
<td>10 M 24 F</td>
<td>15 M 5 F</td>
<td>33 F</td>
<td>22 M 8 F</td>
<td>17 M 19 F</td>
<td>10 M 5 F</td>
<td>2 M 2 F</td>
<td>2 M 3 F</td>
<td></td>
</tr>
<tr>
<td>Revolving loan fund for PWD</td>
<td>40</td>
<td>11 M 13 F</td>
<td>40</td>
<td>20 M 15 F</td>
<td>32 M 8 F</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Disability coordination forum meetings</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Develop DCs in each village</td>
<td>5 new DCs (14 total)</td>
<td>4 new DCs (18 total)</td>
<td>NA</td>
<td>21 total</td>
<td>5 new DCs (26 total)</td>
<td></td>
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</tbody>
</table>
### Outputs

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Start DPOs and Train members</td>
<td>5 total</td>
<td>6 total</td>
<td>8 total</td>
<td>8 total</td>
<td>8 total</td>
<td>8 total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train PT assistants</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braille training</td>
<td></td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign language teacher training</td>
<td>2 M 1 F</td>
<td>2 M 1 F</td>
<td>1 F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students trained in sign language</td>
<td>7 M 4 F</td>
<td>7 M 5 F</td>
<td>2 F</td>
<td></td>
<td>6 M</td>
<td>6 M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI people trained in mobility</td>
<td></td>
<td>5 M 6 F</td>
<td>25 M 18 F</td>
<td></td>
<td>7 M 8 F</td>
<td>12 M 9 F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT service fee collection</td>
<td>$1425</td>
<td>$1807</td>
<td>$1796</td>
<td>$3710</td>
<td>$926</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals by DCs and DPOs for orthopaedic appliances</td>
<td>60</td>
<td>46</td>
<td>80</td>
<td>16</td>
<td>60</td>
<td>72</td>
<td>80</td>
<td>254</td>
<td>80</td>
<td>12</td>
</tr>
<tr>
<td>Referrals by DCs and DPOs for PT services</td>
<td>30</td>
<td>33</td>
<td>60</td>
<td>15</td>
<td>50</td>
<td>24</td>
<td>60</td>
<td>253</td>
<td>60</td>
<td>11</td>
</tr>
<tr>
<td>Child to Child programme</td>
<td>1-2 sch</td>
<td>0</td>
<td>2-3 sch</td>
<td>0</td>
<td>6-7 sch</td>
<td>8 sch, 286 child</td>
<td>7-8 sch</td>
<td>8 sch, 512 child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly prison visits to see PWDs</td>
<td>NA</td>
<td>NA</td>
<td>27 PWD seen</td>
<td>27 PWD seen</td>
<td>24 PWD seen</td>
<td>26 PW seen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Bold figures for 2017 are full year projections based on 6 monthly figures being doubled. 2016 physiotherapy fees are also a projection based on the 5 months data available. The final 2017 report was not available at the time of the evaluation. Seasonal variations in some activities would need to be taken into account to give a totally reliable projection.*

Project outputs are positive as a whole. A wide range of activities has been pursued and as is to be expected some are more limited in nature and have smaller numbers.
There is evidence that where an activity was on an upward trajectory, the project leadership set ambitious goals for the following year. For instance, the goal for providing orthopaedic devices rose from 600 (2014) to 800 (2015) and then to 1200 (2016), a 100% increase over two years. Similarly, the goal for assistive devices rose from 1600 (2014) to 1800 (2015) and then to 2500 (2016). Though with nearly 3000 actual assistive devices provided in 2015, a higher goal than 2500 could have been set.

Some activities didn’t show a significant increase over the 2013-2017 period. Clients served in prison, braille lessons, sign language lessons, and CWD that were enrolled in school, all were at a consistent but low level, or slowly declining. Of concern is the downward trend in some of the key outputs in 2017: number of specially made orthopaedic devices, number of assistive devices, and the amount of fees collected.

Other outputs not included in the chart are assisting the wheelchair basketball team train and compete, participating in the International Day of Disabled Persons, and advocating for the rights of disabled people when the local media covers the project’s work. This work does not have a numerical output but serves a critical purpose in changing perceptions of disabled people in society.

Overall, in a highly constrained environment, the outputs of the project are commendable.
### Output totals 2012-2017

<table>
<thead>
<tr>
<th>Output</th>
<th>Total 2013-2017</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to specialist services by PWDs, DCs, DPOs</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td>Referrals by DCs and DPOs for orthopaedic appliances</td>
<td>400</td>
<td>2016 figures did not disaggregate between PT referrals and orthopaedic device referrals and so were divided equally between the two categories</td>
</tr>
<tr>
<td>Referrals by DCs and DPOs for PT services</td>
<td>336</td>
<td></td>
</tr>
<tr>
<td>Clients receive specially made orthopaedic devices</td>
<td>3,823</td>
<td></td>
</tr>
<tr>
<td>Clients receive assistive devices</td>
<td>11,374</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy services</td>
<td>10,386</td>
<td></td>
</tr>
<tr>
<td>Monthly prison visits to see PWDs</td>
<td>Average 26 PWD seen each monthly visit</td>
<td></td>
</tr>
<tr>
<td>Children with disabilities enrolled in public schools</td>
<td>259</td>
<td></td>
</tr>
<tr>
<td>PWD receive vocational training</td>
<td>31 Male</td>
<td>81 Female</td>
</tr>
<tr>
<td>Revolving loan fund for PWD</td>
<td>31 Male</td>
<td>28 Female</td>
</tr>
<tr>
<td>Develop DCs in each village</td>
<td>28 DCs</td>
<td></td>
</tr>
<tr>
<td>Start DPOs and Train members</td>
<td>8 DPOs</td>
<td></td>
</tr>
<tr>
<td>VI people trained in mobility</td>
<td>49 Male</td>
<td>41 Female</td>
</tr>
<tr>
<td>PT service fee collection</td>
<td>$9964</td>
<td>From people that are not disabled (50 AfS per visit)</td>
</tr>
<tr>
<td>Child to Child programme</td>
<td>8 schools, 798 children</td>
<td>Roughly half boys and girls</td>
</tr>
<tr>
<td>Braille training</td>
<td>Average of 2 people per year</td>
<td></td>
</tr>
<tr>
<td>Sign language teacher training</td>
<td>Average of nearly 3 (2013-2015)</td>
<td></td>
</tr>
<tr>
<td>Students trained in sign language</td>
<td>Average of 7.6 each year</td>
<td></td>
</tr>
</tbody>
</table>

The reception log book indicated that in June 2017 an average of 7.6 PWD visited the clinic, ranging from 3 up to 12.

January, when fewer people come because of winter, saw a total of 133 people come at an average of 6.65.
Gender Equality

Overall the project has a goal of a third of beneficiaries being women.

<table>
<thead>
<tr>
<th>Output</th>
<th>Percentage of Female Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients receive specially made orthopaedic devices</td>
<td>48%</td>
</tr>
<tr>
<td>Clients receive assistive devices</td>
<td>19%</td>
</tr>
<tr>
<td>Physiotherapy services</td>
<td>51%</td>
</tr>
<tr>
<td>Referrals for other medical services</td>
<td>Only 2013 (34%), 2016 (63%), and 2017 (60%) figures were disaggregated (52% for three years)</td>
</tr>
<tr>
<td>Child to Child programme</td>
<td>50%</td>
</tr>
<tr>
<td>Sign language training</td>
<td>30%</td>
</tr>
<tr>
<td>Training sign language teachers</td>
<td>50%</td>
</tr>
<tr>
<td>Vocational Training</td>
<td>72%</td>
</tr>
<tr>
<td>Revolving loan Fund</td>
<td>47%</td>
</tr>
<tr>
<td>Training for VI</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Overall percentage of women</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>

7 out of 10 categories are basically equally divided between men and women. This is an excellent outcome.

In only one category, clients receiving assistive devices (19%), was the project below the target of 30%. There is no obvious reason for a low percentage in this category.

Vocational training was dominated by women at 72%. While this is commendable in terms of redressing the gender inequality in Afghanistan, it could also reflect the fact that training women in sewing is one of the easiest vocational training programmes to run. The project
could have shown more ambition and creativity in terms of men’s vocational training.

4.1.2 The achievement of the project purpose

The stated purpose of the project is:

To facilitate preventative action and the development of rehabilitation services through capacity building and partnering with people with disabilities (PWD), their families and communities.

Capacity has been built in many areas to enable preventative action and development of rehabilitation services. DCs and DPOs have been started which identify PWD that need assistance and also educate people on preventative action. For instance, during the evaluation, a week-old baby with club foot was brought to the clinic by his parents. In the past parents didn’t understand the critical need for bringing children with club foot early for treatment, but the message has got through and a permanent disability will be prevented in this case. The baby will have a cast put on and come for multiple visits to change the cast. Furthermore, the capacity of the clinic has been built to a point where this type of rehabilitation and care are routine. Partnering with PWD, their families and communities is happening to an admirable level through the DCs and DPOs. The Child to Child initiative in schools illustrates good partnering with the Directorate of Education. In fact, partnering with government departments and other NGOs is a hallmark of the project.

4.1.3 The contribution towards the project goal

The goal of the project is

To partner with PWD in Faryab Province to help them reach their greatest potential.

The project has made a significant contribution to helping PWD reach their greatest potential. PWD can now sit/stand on their own, walk, study, and work. CWD are in schools; PWD have had vocational training, received loans and started their own businesses; PWD have gained employment in NGOs and government departments; PWD learn to play sports and competed in tournaments; and ingrained cultural norms such as marrying within the extended family are being challenged resulting in disability being prevented. Because of changing perceptions about disability, PWD now can live with increased dignity and much less shame.

In all aspects of the project, PWD are partnered with, rather than seen as simply recipients of aid. Their contribution is expected in the same way as able-bodied people’s contribution would be expected. Nothing exemplifies this more than the clinic which employs numerous disabled people. In an environment where disabled people have been seen as punished by God, the project is contributing in a very significant way to help PWD reach their potential.
4.1.4 **Major factors contributing to the achievement/non-achievement of the project objectives.**

Major factors that have contributed to the achievement of the project objectives are:

- Quality of the local and expatriate staff
- Clarity of purpose helped by good use of tools such as Log Frames
- Intentionally building the capacity of local staff
- Willingness to try many different activities
- IAM’s values being internalised by staff
- Consistent funding
- Commitment to long term advocacy work
- Strong partnerships with the ICRC, government departments, other NGOs, and local communities
- Courage of the staff to work in a high-risk environment

4.1.5 **Assessment of the effectiveness of the project, given the changes in circumstance that affected Faryab Province, Maimana city and the project itself.**

The project has had to focus more on Maimana city and the immediate area around it when project villages were threatened or over-run by AOGs. However, project staff continued to go to many villages despite the dangers, assessing the situation continually. The project has been remarkably effective in the changing and challenging circumstances in Maimana and Faryab province.

4.2 **Impact**

4.2.1 **Transformation of lives**

![Orthopaedic Workshop, Maimana, Nov 2017](image)

The half-made orthotics pictured above help patients like the 17-year-old girl who lost both legs when her home was hit by a bomb and collapsed. This girl will now be able walk. In addition, PWD have been in the media because of the wheelchair basketball team and other work that the project does, slowly changing perceptions about disability and creating an environment, reinforced by other advocacy work, where people like this 17-year-old girl have
a much greater chance of being educated and perhaps even getting a job.

Each of the 3,823 people that have received orthotic devices over the last five years has a story to tell – of a tragedy and then finding hope through the work of the project. Their lives have been impacted in a profound way by getting the devices, receiving physiotherapy, receiving gait training, the on-going maintenance/replacement of their devices, and even by seeing the disabled workers in the clinic leading productive and meaningful lives. The OWPC is the only place of its kind in the North East of Afghanistan, so it is unlikely that many of the 3,823 people would have been helped if the project had not existed.

Other PWD have received vocational training and loans to start small businesses, or have found work through the advocacy work of the project.

Wheelchair basketballers. That shot is going in!

4.2.2 Building and maintaining reputation in the province with Directorate of Public Health

The project has an excellent relationship with the DoPH, and its reputation couldn’t be better. The current director of the DoPH, Dr Muhammad Naim Musammem said of the work of the project: “We’re happy – 100%”. Project staff are part of the monthly coordination meetings where an action plan is drawn up, a solid referral system is in place where people from the 54 clinics in the province are referred to the OWPC, and both from past reports (2013-2017 CBR/OWPC Activity reports) and observation/interviews it is clear that the project is highly regarded and working well with the DoPH.
4.2.3 Ability to serve PWD impartially

During the evaluation, a baby was bought to the OWPC from a Taliban controlled area indicating that PWD/CWD are being assisted from both sides of the lines of conflict. The director of the DoPH also indicated that people can come from AOG controlled areas to the clinic.

4.3 Relevance

4.3.1 Relevance of the project to the priorities and policies of the target population, the local government, and IAM?

The Ministry of Labour Social Affairs, Martyrs, and Disabled has the following goals (which the local DoLSAMD would seek to implement) in relation to disabled people:

- To enhance social inclusion of the marginalized groups like the people with disabilities
- To impart trainings in skill development with priority to the Martyrs, Disabled and women.
- Enact legislation which will empower the Disabled and women
- Enact legislations giving preferential employment to the Disabled and women within the government sector.

The project, through the work of the OWPC, starting DCs and ODPs, presence in the media, and advocacy work, has enhanced the social inclusion of PWD and is therefore in line with the above government policy. Vocational training has been given to PWD and the project has advocated for employment opportunities for disabled people – all activities that are in line with government policies and priorities.

IAM’s value of, “Love for all”, of believing “every human being has the same God-given value, and therefore deserves respect”, is the heartbeat of this project. In addition, IAM’s value of doing quality work through building capacity, is clearly seen in the project.

Because of the limited opportunity to interact with the direct beneficiaries of the project it is not possible to evaluate directly whether the project is relevant to the priorities of the target population, though it would be surprising if most of what the project does wasn’t a priority for disabled people in Faryab province.

4.3.2 What would be the alternatives for PWD in Faryab without the project?

As the project is the only one of its kind not only in Faryab province but North-Western Afghanistan, there would be no other alternatives for PWD.

4.4 Efficiency/Strategy

4.4.1 The achievement of objectives to time and to budget

The project has achieved most of the goals set out in the yearly log frames within the
following year. Two exceptions are the handing over of the clinic to be run by the hospital and training up physiotherapy assistants.

4.4.2 Comparison of the implementation of the project with alternative strategies

Community based, participatory approaches such as CBR have been criticized for pushing work that should be handled by the state onto already struggling communities – work such as operating DCs and ODPs, identifying PWD, referring them to services, and educating people about issues such as congenital disabilities from marrying cousins, proper care for pregnant women, and the need for immediate treatment of club foot. While there is some validity in this point of view, in Faryab province and most of Afghanistan however, unless the community takes on this work, it will simply not get done. The amount of money needed for the government to do this is not available. For disabled people to be helped and supported at this time in Afghanistan’s development community involvement is necessary. Community based approaches have of course added benefits such as the community taking more ownership of their own development – a fundamental value for proponents of community development approaches.

4.2.3 Major factors influencing the efficiency of the project

- Capacity of the local leadership and staff
- Commitment to on-going staff development
- Use of log frames

A&A, experts in their field, Nov 2017
4.5 Sustainability

4.5.1 The continuation of the benefits of the project where it has exited and activities which have been handed over to the local community

Most of the 26 DCs and 8 DPOs that have been started appear to be functioning; the 2017 activity report cites training being done twenty times with members of the committees and organisations. The DCs and DPOs are the two entities in the communities through which the benefits of the project can be sustained into the future.

4.5.2 The appropriateness of the project’s exit strategy

Fortunately, the project has secured funding from Caritas for the next three years setting it up well for the future. In addition, the continued technical support from Mr Victor Theissen, and in-kind support of materials from the ICRC should enable the project to exit IAM and transfer to RCY without too many problems. There is every reason to believe the transfer will be successful and the project will continue to benefit the target population.

4.5.3 The major factors influencing the sustainability of the project’s activities

- Many years of investment into DCs and DPOs
- Highly competent project leadership and staff
- PWD are genuinely valued and respected by project staff – this is not just a job for them
- Funding and an exit strategy are in place

4.6 Coordination and Coherence

4.6.1 The capacity of the project to co-operate usefully with other relevant bodies in the district

The project cooperates closely with DoE, DoPH, DoLSAMD, ICRC, Independent Human Rights Commission, and NGOs working in the field of disability. These are all the relevant bodies in Faryab district.
4.6.2 Opportunities for advocacy by the project

Advocacy has been an integral part of the project. Advocacy activities include: members of DPOs being trained in advocacy, government departments and NGOs are encouraged to hire PWD, the wheelchair basketball team raises awareness about the possibilities for PWD as their successes are covered by the local TV station, and CBR staff talk about PWD and their successes in the local media when given the opportunity.

Some other areas where the project has advocated for change are: marriage among cousins, dangers of physically beating married women, and the need for care by midwives to prevent cerebral palsy. Advocating for change in the issue of cousins marrying each other requires taking on a highly ingrained cultural value. The project staff came up with a creative and positive way to do this. Marrying outside the family was presented as, “expanding your family”. There is anecdotal evidence that change is happening in this important area.

There is also anecdotal evidence of PWD being more visible at weddings and other community events. This is very significant as ten years ago when the project started PWD were generally hidden away and very poorly treated, including not being called by their names but rather by what their disability was. PWD’s names are also now increasingly used to refer to them.

Two of the wheelchair basketballers rode their wheelchairs from Maimana to Mazar-i-Sharif (293km). This remarkable feat was covered by the local news. Furthermore, the success of the basketball team at national championships and two people from the Maimana team getting into the national team has meant that PWD have been in the media numerous times.

Interestingly, one of the main “dreams” of the wheelchair basketball team is that a women’s wheelchair basketball team could be started. It was mentioned without prompting in the interview with the team. A desire for gender equality (in their sport), a development best practice, is evident. The male wheelchair basketballers are being advocates for women! Not a small thing in Afghanistan.

Conclusion

Through the project perceptions are slowly being changed regarding PWD, and, crucially, education, training, health care, employment opportunities, and social services are being made accessible for PWD so that they are can be part of the mainstream of society rather than disempowered recipients of a little aid left on the margins of society.

The capacity of the project staff, already very good in 2012, has been further built up through specific training plans for individuals since the 2012 evaluation (one of the key recommendations). There is every reason to believe the project will continue long into the future to assist and partner with PWD in Faryab province to help them reach their potential.
Appendixes

1. TOR

Terms of Reference for External Evaluation of IAM CBR-OWPC Project

Commissioning Organisation(s): IAM, MCCN
Proposed dates of Evaluation: 13th November – 13th December 2017
Evaluator: Team Leader Joel Harri, Greenlight Consultants

1. BACKGROUND

Programme Background

<table>
<thead>
<tr>
<th>Title</th>
<th>Community-Based Rehabilitation / Orthopaedic Workshop and Physiotherapy Centre (‘CBR-OWPC’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project goal</td>
<td>2003 to present day</td>
</tr>
<tr>
<td>Duration</td>
<td>Approx. $150,000 per year</td>
</tr>
<tr>
<td>Key Donors</td>
<td>MCCN (Norway),</td>
</tr>
<tr>
<td>Beneficiaries (up to 2016)</td>
<td>People living with physical disabilities, in Faryab province of Afghanistan (and families of those people)</td>
</tr>
<tr>
<td>Core Activities</td>
<td>(CBR) – outreach, awareness raising, training, advocacy, referral, pre-school group (OWPC) – production and fitting of orthotic devices, supportive physiotherapy, referral</td>
</tr>
</tbody>
</table>

Short narrative background to the project:
OWPC was opened in 2003 in Maimana city, Faryab province, to provide orthotic and assistive devices to people living with disability (PWD), accompanied by physiotherapy services.
In 2007, a pilot Community-Based Rehabilitation (CBR) project began, to enable outreach and advocacy to rural communities in Faryab province, mobilising community volunteers to support a programme of assistance and self-reliance for PWD, and support for their families. Pushing for the education of children with disabilities in mainstream schools and/or specialist classes to teach sign language and Braille has been a significant activity. CBR became a permanent part of the project design and for the last several years the project has been recognised as CBR-OWPC

(Various expatriate volunteer professionals served with the project in technical and management roles until 2014, since when IAM has been unable to sustain a residential expatriate team in Maimana city for reasons of security; also has had low capacity to support CBR-OWPC remotely due to the loss of qualified or experienced staff. Even so, the project has been managed and led ably by the national team, and enjoys the support and respect of local government and civil society as well as international NGOs active in the sphere of disability work.)
The 2016 Annual Report of IAM carried the following summary of the project:

The Community-Based Rehabilitation (CBR) project, including Orthopaedic Workshop and Physiotherapy Centre (OWPC) expanded into 4 new urban areas and the local high schools, while continuing to support 18 areas where work has been completed in the past. Surveys were done to identify people with disabilities (PWD), and referrals were made to OWPC, provincial hospitals, and local clinics by the CBR fieldworker manager, CBR female co-worker, disability committee (DC) members and disabled people organisation (DPO) members. A preschool held three days a week provides Braille, basic math, literacy and physical therapy for children with disabilities (CWD). A total of 63 CWDs were enrolled in local schools.

A CBR staff received Child Protection Training and transferred what he had learned to his colleagues in his workplace. Mobility training was provided for the visually-impaired (VI) clients. The Maimana wheelchair basketball team faithfully practiced three times a week and managed to secure third place at the national wheelchair basketball tournament held in Kabul in October. The basketball court has been getting old and work began to resurface it this year.

Other activities:
- 24 prisoners with disabilities in the local prison received orthopaedic appliances and physiotherapy services.
- 868 (595 male – 273 female) clients received specially-made orthopaedic appliances.
- 2,476 (2,061 male – 415 female) clients received assistive devices.
- 1,405 appliances and devices of 1,083 PWD (952 male – 131 female) were repaired.
- 2,480 (1,245 male – 1,235 female) clients received physiotherapy services.
- 34 (15 male – 19 female) CWD were referred to the health facilities outside Faryab.
- 496 (280 male - 216 female) high school students in 16 classes were taught about the Child to Child programme in 8 local schools.
- 4 (2 male and 2 female) adult PWDs were enrolled to the vocational courses offered by the Directorate of Women Affairs and an NGO.
- 3 adult PWDs were enrolled to the orthopaedic and physiotherapy courses, offered by Swedish Committee in Afghanistan.
- 5 Disability Committees were established to increase community awareness of rights, potential and needs of PWDs.
- Contact with the Human Rights Commission (HRC) and local government personnel in the Directorate of Public Health (DoPH), Directorate of Labour and Social Affairs, Martyrs and Disabled (DoLSAMD), Directorate of Economy (DoE), Directorate of Women’s Affairs (DoWA), and Directorate of Education (DoEd) was maintained.

These groups participated in the coordination meetings convened by CBR to improve services to PWDs.

IAM Organisation profile and history:

Mission Statement: ‘The International Assistance Mission is a non-profit charitable organisation through which staff from the Islamic nation of Afghanistan and international Christian volunteers serve in partnership to build capacity in the sectors of Health and Development, working together in hope, for the welfare of the people of Afghanistan’

IAM is active in Afghanistan since 1966, in the areas of health (eye care, disability services, mental health), adult education and development (rural community development, renewable energy, small business support)

IAM today is a partnership of around 20 expatriate volunteers, seconded by Christian agencies from around the world, and 3-400 salaried Afghan staff, working together in 12 projects across 6 regions of the country. Expansion and growth between 2003-11 allowed IAM to develop many new projects and work in new regions; contraction since then, in the continuing challenging environment of Afghanistan, has seen a gradual reduction in programming and capacity, though the core values and approaches of IAM remain strong. www.iam-afghanistan.org
How the need for the evaluation arose:

Early in 2017, IAM leadership team (LT) confirmed that CBR-OWPC would be closed or handed over to another implementer [Ministry of Public Health or another NGO] by the end of the year. This was due to several factors acting together, which can be summarised as a sharp downturn in IAM’s capacity to line manage and support any projects in Faryab (with expatriate professionals, fundraising, security management for visits to the region), and existing donors unwilling or unable to continue funding. IAM LT recognised from the beginning that this is a unique project serving extremely vulnerable people in a conflict zone, and that efforts should be made to continue the project, or parts of the project, if at all possible.

Shortly after this, Viktor Theissen, a professional Orthotist who was the original Project Manager (2003-9) and driving force behind setting up the clinic in 2003, approached IAM offering to return to Afghanistan and work in Maimana with the project for the next few years. After his initial return visit to the project, and extensive discussions with IAM Leadership Team, it was decided that IAM still did not have the capacity to support the project beyond 2017, but would work with Viktor as ‘Transition Manager’ throughout 2017 to get the best outcome for the project and the service it provides to vulnerable people in Faryab Province.

Since that decision, the project management team (Transition Manager Viktor, Project Manager Tawfiqullah and support from Dr Emily Allan, IAM Health Director), working with other stakeholders, have agreed a handover to Afghan NGO RCY and donor support from Caritas (Germany), potentially also MCC (US), and continued in-kind support from ICRC Afghanistan who have supplied specialist devices and materials to the project since 2003. The current donor, MCCN supported by Digni (Norway), have requested an end-of-cycle evaluation as a requirement.

They recognise the constraints that make it not possible to arrange a full-scale evaluation (security, lack of time, lack of independent qualified evaluators willing or able to come to Maimana) but ask for an evaluation that can ‘document and confirm what the project has done and achieved in these 5 years from 2013-2017 (i.e. since the last evaluation, and during the current funding cycle). They accept that a document study of previous reports could for a major part, and that the focus is mainly confirmation of the project achievements, with a lesser emphasis on lessons learned and future recommendations.

Summary findings of previous reports, evaluation: See the attached documents

2. PURPOSE OF THE EVALUATION

The specific objective of this assignment is to conduct an assessment of the project to verify as far as possible that as it moves on from IAM the project is active, functional, relevant and that it achieved its aims over the past few years whilst receiving Digni/MCCN funding.

The following criteria should be considered (derived from the IAM standard TOR):
3. EVALUATION OF THE PROJECT’S EFFECTIVENESS IN RELATIONSHIP TO ITS GOALS

Criteria 1 – Effectiveness
Has the Project been effective in achieving its objectives?

Areas for consideration include:
1. the achievement of the project’s outputs
2. the achievement of the project purpose
3. the contribution towards the project goal
4. the major factors contributing to the achievement/non achievement of the project objectives
5. Particularly: Give an assessment of the effectiveness of the project, given the changes in circumstance that affected Faryab Province, Maimana city and the project itself over the past 4 years

Criteria 2 – Impact
What impact has the project had on the target and non-target population?

Areas for consideration include:
1. Transformation of lives (people able to get around, communicate)
2. Building and maintaining reputation in the province with MoPH
3. Ability to serve PWD impartially (ie either side of conflict lines)

Criteria 3 – Relevance
How relevant has the project been to the priorities and policies of the target population, the local government, and IAM?

What would be the alternatives for PWD in Faryab without the project?

Criteria 4 – Efficiency / Strategy
Has the project been efficient in achieving the intended objectives?

Areas for consideration include:
- the achievement of objectives to time and to budget
- the comparison of the implementation of the project with alternative strategies
- the major factors influencing the efficiency of the project

Criteria 5 - Sustainability
Will the benefits of the project been sustained after the project exits IAM?

Areas for consideration include:
- the continuation of the benefits of the project where it has exited and activities which have been handed over to the local community
- the appropriateness of project’s exit strategy (transfer to RCY, continued support technically from Viktor, financially from Caritas and in-kind supplies from ICRC) in enabling continuing benefits in the target population
- the major factors influencing the sustainability of the project’s activities

(briefly comment) Is the project viable to continue into the future?
- How well has IAM grown the capacity of the project team to begin another cycle of
Are the M&E systems fit for purpose?
- Are the project management and IAM support systems fit for purpose?

Criteria 6 – Coordination and Coherence

What is the capacity of the project to co-operate usefully with other relevant bodies in the district?

What opportunities are there for advocacy by the project?

4. ADHERENCE TO BEST PRACTICES

(brief comment) When evaluating the project according to each criterion, the Evaluation Team should identify specific examples of how projects have adhered to ‘best practice’ or contributed to development ‘best practices’ within Afghanistan. These should be summarised within the report. ‘Best practice’ includes:
- Participation of stakeholders;
- Addressing Poverty and Injustice;
- Gender Equality;
- Inclusion of Persons with Disabilities;

5. METHODOLOGY

- The evaluation should be participatory in nature making use of a range of data gathering techniques to gather qualitative and quantitative data. These techniques may include focus group discussions, key stakeholder interviews, observations, questionnaires, etc. as well as a desk study of recent reports and records.
- The data gathering process should include an adequate sample of the target population and project staff as well as the opinions of the relevant agencies and organisations.
- ‘No surprises’ policy – ensuring that project staff are fully informed of, and have time to respond to, the key findings/recommendations and any project issues prior to the report being sent to donors.

6. SCHEDULING

The following schedule is indicative and will be modified according to the availability of the Evaluation Team, project staff, and a continuing risk analysis undertaken by IAM.

<table>
<thead>
<tr>
<th>Dates / (No. of days)</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions and preparation</td>
<td></td>
</tr>
<tr>
<td>Writing of draft report sent to project/IAM for comments</td>
<td></td>
</tr>
<tr>
<td>Finalization of report taking into account comments received</td>
<td></td>
</tr>
</tbody>
</table>
7. MANAGEMENT OF VISIT

1. The Project/IAM will take responsibility for all practical and security arrangements for the evaluation team once they arrive in Kabul, i.e. travel arrangements, guest house, etc. Mark Allan will be the key contact leading up to and during the evaluation.

2. IAM will monitor the security situation in Afghanistan. IAM will have the final say regarding the movement and schedule of the evaluation team. However, Evaluation Team members must also take personal responsibility for their own safety and reserve the right to withdraw from any situation in which they feel unsafe while conducting the evaluation. Evaluation Team members will bear the full liability for any personal injury caused to themselves. Evaluation Team members will take out appropriate insurance policies to cover their travel to and from and time in Afghanistan.

8. EVALUATOR, FEES

Joel Harri, Greenlight Consultants

Following discussions with IAM and OWPC management, the Evaluator has quoted a fixed rate of $1,500 USD. Transport costs, board and lodging for his visit to Maimana have already been met by IAM CDP-Faryab project which is also contracting Greenlight Consultants for a separate evaluation exercise.

9. EXPECTED OUTPUT

The expected output of this assignment is a report with the following sections:

- Evaluation of the project’s effectiveness in relationship to its goals, as per Sections 2 and 3 above
  - Strong points that need to be built upon
  - Weaknesses that should be corrected
- Recommendation for the project’s future

The report will remain the joint property of IAM and the donor(s).

10. INTENDED USE OF THE EXPECTED OUTPUT

An evaluation is not very useful if the recommendations and lessons learnt are left on the shelf, not being read or utilized. To ensure that these recommendations and lessons are not ‘lost’, both the donor agencies and the implementing partner are required to respond to the evaluation:

- The project will provide feedback on the draft report to the external consultants within 10 days of receiving it.
- The project and the donor(s) will evaluate and respond to the key recommendations that relate to the project within 30 days of receiving the final report.

Signed, dated:
Mark Allan          Joel Harri
Executive Director, IAM  Director, Greenlight Consultants