



# HAC DISABILITY INCLUSION EVALUATION REPORT

ORGANIZATION EVALUATED; LISAP

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## **1.0 Background**

According to the 2030 Agenda for Sustainable Development, it is clearly stated that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights. In addition, the Convention on the Rights of Persons with Disabilities, through Article 32 on International Cooperation, recognizes that international cooperation activities need to be inclusive of and accessible to persons with disabilities to ensure the full realization of the objectives and purpose of the Convention.

In the quest of providing inclusive and accessible development programming, Help a Child (HAC) aims for the inclusion of children with disabilities in its community based programs and to select them as ambassadors for the Community Ambassador Model (Sponsorship). In this regard, HAC participated in a two-year learning program on mainstreaming disability with Light for the world.

In the year 2017, HAC Malawi engaged FEDOMA in order to support the Organization strategize and ensure that HAC's key programs are inclusive for children with disabilities. This was done by conducting a Capacity Needs Assessment of HACs partner organization namely WACRAD and LISAP in relation to Inclusion of Disability Issues both in programs and at Organizational level.

Based on the recommendations from the Capacity Needs Assessment on disability inclusion that was submitted, HAC Malawi organized a disability mainstreaming training for its partners which was again facilitated by FEDOMA in April 2018.

With this background, HAC again engaged FEDOMA in July 2019 to carry out an evaluation on the progress of disability inclusion by LISAP which is one of its implementing partners.

## **2.0 Objective of the evaluation**

The objectives of the assignment were;

- To get to know more about the progress of disability inclusion so far.
- To learn lessons as guidance for future directions.

Specifically, the assignment meant to respond to the questions related to the following specific areas;

1. Guidelines on disability inclusion
2. Progress disability inclusion process so far
3. CAM Plus Ambassadorship
4. Future directions

## **3.0 Evaluation methodology/approach**

In order to evaluate the program, and to answer the agreed key evaluation questions, three main methods were used. These were desk review and one on one interview and observations.

### **3.1 Desk review**

All key documents such as the program plans, annual and bi-annual program reports, disability guidelines, data monitoring tools and the code of conduct were reviewed against the evaluation questions.

### **3.2 One on One Interview**

A total of 49 people were interviewed during this evaluation. Among these, 55% were male whilst 45% were female. Of the 49 people, 6 people were from LISAP office as a secretariat while the 43 were from the communities of lower and upper zilakoma. The six people from the secretariat included the Executive Director, the director of finance and administration, the program manager, the project officer, the human resource personnel and the monitoring and evaluation officer. On the other hand, the community members included children both ambassadors and non-ambassadors, community members including parents of children with a disability, group leaders, children group leaders and teachers, MACOHA community rehabilitation officer, and health center officers.

In addition, there was an interaction with 12 children with disabilities and seven children without disabilities. Among these children with disabilities 8 of them were said to be ambassadors.

### **3.3 Observation**

The accessibility of infrastructure in the community as well as the secretariat office was made through direct observation

### **3.4 Analysis**

Since most of the collected data was qualitative, it was analyzed thematically against the provided framework and the key learning questions.

## **4.0 EVALUATION FINDINGS**

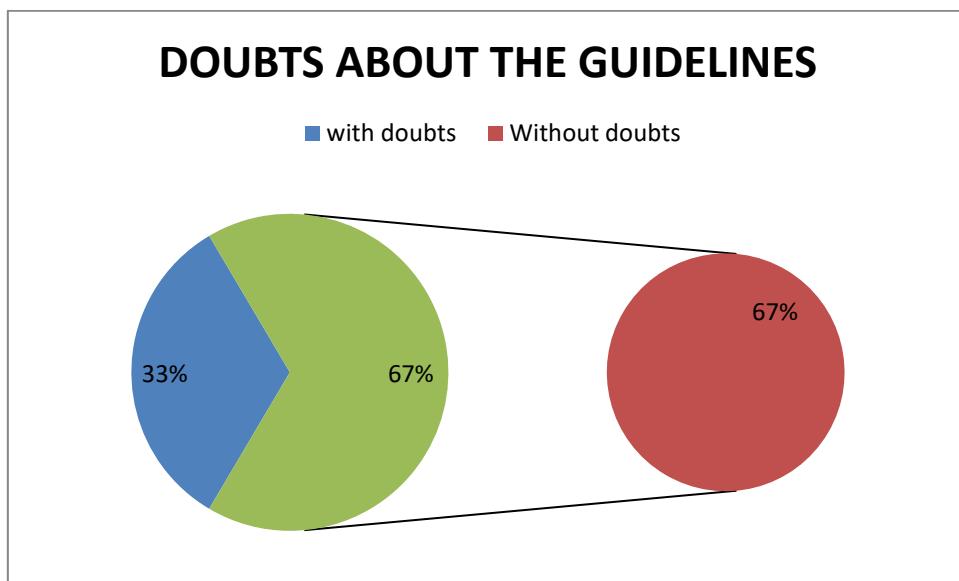
### **4.1.1 Guidelines on disability inclusion**

During the training which took place in April 2018, LISAP committed to implement various activities related to disability inclusion. Among the activities was the development of an institutional disability inclusion guideline. During the evaluation, it was established that LISAP has since developed the disability inclusion guidelines which have also been signed and adopted by members of the executive board. 100% of the secretariat staff that were interviewed indicated that they were familiar and aware with the disability inclusion guidelines and some of its contents included the following;

- Definition of terms and the purpose of the policy,
- Barriers to disability inclusion, disability prevalence, and policy directions
- The policy has 9 principles including recognizing diversity of persons with disabilities, advocacy support, ensuring access to persons with disabilities, participatory approach and inclusive monitoring
- It stipulates the need to include persons with disabilities in all activities on the ground as well as in programming

- In terms of ECD there's need to enlighten the communities on the need for accessibility of physical infrastructures
- The policy highlights the importance of accessibility and the need to recruit persons with disabilities

#### 4.1.2 Questions/doubts about these guidelines



Only 33% of the secretariat respondents indicated that they had doubts about the disability inclusion guidelines because the implementation of some of the principles in the guidelines will depend on the external environment such as rehabilitation which LISAP does not provide. The provision of such services is dependent on the external players.

The other reason given was that the policy has not been disseminated after being developed. This gives room for doubt in terms of its implementation. There is need that the team that was not part of the policy development process be oriented on the policy.

67% of the respondents had no questions or doubts about the newly developed guidelines.

100% of the respondents indicated that since the guidelines are new, there are no improvements or additions that have been made. However, a review is expected to take place in 2020 as the organization will also be reviewing its strategic plan

#### 4.2.1 Progress on disability inclusion process.

LISAP has a well formulated work plan on disability inclusion which is part of the HAC 2019 work plan. The work plans are in line with the disability inclusion guidelines, HACs policy guidelines and other national disability guidelines and policies such as the policy on the equalization of opportunities for persons with disabilities.

Some of the disability inclusion activities include;

- Sensitization meetings with teachers and community leaders
- Formation of support groups for persons with disabilities
- Disability annual meetings to be done in collaboration with MACOHA

#### **4.2.2 Relevance of the guidelines and work plans.**

LISAP finds the work plans as well as the guidelines relevant because of the following reasons;

- They provide guidance and direction in terms of disability inclusion
- They have led to LISAP changing its overall condition of service which now includes disability related clauses.
- They promote nondiscrimination and leads to the inclusion of persons with disabilities.

The community members on the hand also felt the disability inclusion initiatives are relevant because of the following reasons

- It is development conscious and it promotes respect for human rights among community members
- Peoples livelihood is improving due to the businesses that they are involved in
- Parents and caregivers are empowered to be in groups where they are able to indulge into business to support their children with disabilities
- It is bringing a lot of knowledge and enlightenment to the community on disability issues

Some of the work plan activities and guideline principles were noted to be realistic whilst others were not because they are based on the availability of resources. However, it was noted that the plans are based on what can be implemented and achieved such that what was in the plans are activities that have been budgeted for

#### **4.2.3 Impact of the program**

In terms of impact, LISAP highlighted that though the disability initiatives have just began, they are already appreciating positive results that will have an impact in the long run. Some of the results being realized include;

- LISAP is being recognized as an inclusive organization.
- Persons with disabilities are being included in various community committees such as the Village development committees, health advisory committees, and area development committees where they are able to speak out and participate on issues that concern them.
- Disability structures at community level have been revamped and others formed which assist in identifying and spotting children with disabilities as ambassadors.
- Children with various types of disabilities (physical, epilepsy, intellectual, and albinism) are now attending CBCCs and are able to play and interact with their peers thereby promoting their development.

- Through linkages with other stakeholders, 3 children with physical disabilities have been able to access wheelchairs. In addition, children with albinism are able to access sunscreen lotion. A girl with hearing impairment from lower zilakoma was linked to Bandawe School for the deaf.
- After sensitizing the communities on the importance of accessibility for persons with disabilities, the newly constructed CBCCs have access ramps for learners with disabilities. In addition, efforts have been made to provide translucent sheets that provide light for learners with visual impairments.
- Access ramps have been constructed at LISAP office such that the premises are accessible to persons with disabilities as shown in the figure below



- Persons with disabilities participate in most community activities such as trainings where they are able to succeed in skills and knowledge

In addition, the community also confirmed that the inclusion initiatives have the following impacts;

- CBCCs are improving literacy and the development of children with disabilities.
- Previously, persons with disabilities were discriminated against. But now they are able to take part in most community activities. For example, persons with disabilities are members of the CBCC committees while others participate in activities such as the carrying of sand moulding bricks as well as farming
- Both people with and without disabilities are participating in development work unlike in the past
- Discrimination towards persons with disabilities is reducing due to the sensitisation on the inclusion of persons with disabilities

#### **4.2.4 Rating of objectives ‘achievements**

According to LISAP, the disability inclusion objectives are probably at 75% in terms of achievement. This is so because other activities such as conducting barrier analysis have not been completed yet. In addition, not all CBCCs are currently accessible. LISAP also wishes it

had information in accessible formats as well as use sign language interpreters in most of its activities where there are persons with hearing impairment. LISAP has also not been able to provide assistive devices to persons with disabilities.

However, it was noted that a platform where persons with disabilities can participate has been created

The main barriers that affect LISAP in achieving its disability inclusion objectives include;

- Financial challenges to implement some of the activities such as the transcribing of IEC materials into accessible formats.
- The Implementation of the workplan activities is sometimes a challenge because the community has different expectations from what the project is providing.
- The lack of financial and human resource by organizations such as Malawi Against Physical disabilities and Malawi council for disability affairs to ably support persons with disabilities at community level. In some instances, personnel may be available but they are unable to reach to where persons with disabilities are because of lack of resources
- Disability issues are unearthed by LISAP but services are not readily available to resolve such problems since some places such as upper Zilakoma are hard to reach

#### **4.2.5 Commitment towards sponsors**

LISAP feels it is fulfilling its promise to its sponsors as 80% of the committed disability inclusion activities made in 2018 have been accomplished. Main activities such as the sensitization of the communities on disability inclusion, the identification and recruitment of ambassadors with disabilities, linking of persons with disabilities with service providers, developing disability inclusion guidelines, ensuring office structures are accessible and many others have been completed. In addition, persons with disabilities are participating in LISAPs activities and this is part of LISAP reporting.

The CAM plus project had a target of recruiting 50 ambassadors with disabilities. So far, 29 have been recruited and it is expected that the figure will rise following the extension of the program to upper Zilakoma.

#### **4.2.6 Community expectations**

The respondents indicated that the program model cannot meet the expectations of the community as most community members expect handouts such as assistive devices which LISAP may fail to provide. However LISAP has created a referral system where persons with disabilities linked with other service providers and are able to access assistive devices such as wheelchairs.

The community also expects start-ups for income generating activities and vocational skills which the program may not provide.

It is obvious that the program cannot handle the expectations of the communities as the needs of persons with disabilities are so numerous. LISAP only links the persons with disabilities with the right service providers wherever possible.

#### **4.2.7 Disability inclusion budget**

LISAP had a separate budget for disability inclusion in 2018. However the 2019 budget has been mainstreamed in the existing budget. The 2018 budget was sufficient for the planned disability inclusion activities. However, the 2019 budget will not be enough to cover all of the planned activities such as the barrier analysis. In addition, LISAP highlighted that there are a lot of needs in the community compared to the resources available.

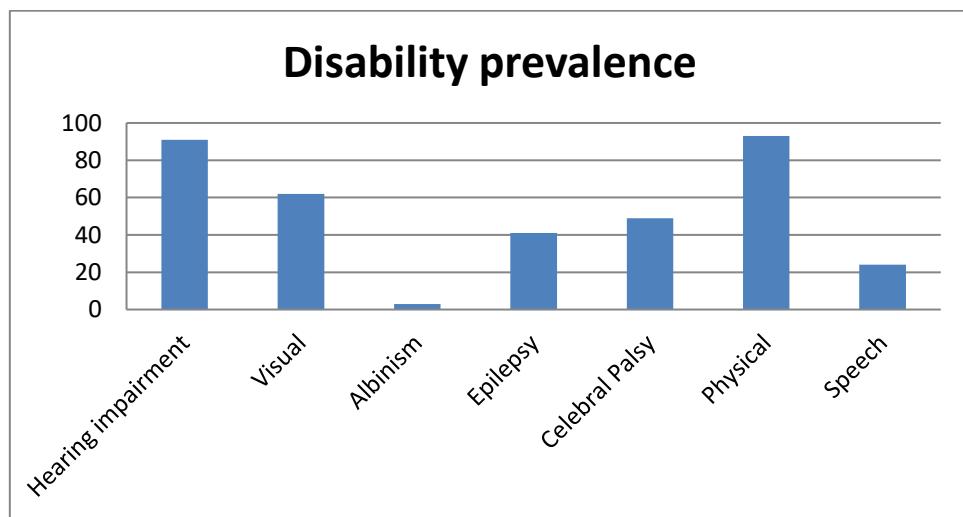
LISAP plans to lobby with donors in terms of sourcing funds for disability inclusion and opts for a separate budget for disability inclusion unlike mainstreaming it.

#### **4.2.8 Collaboration with government and service providers**

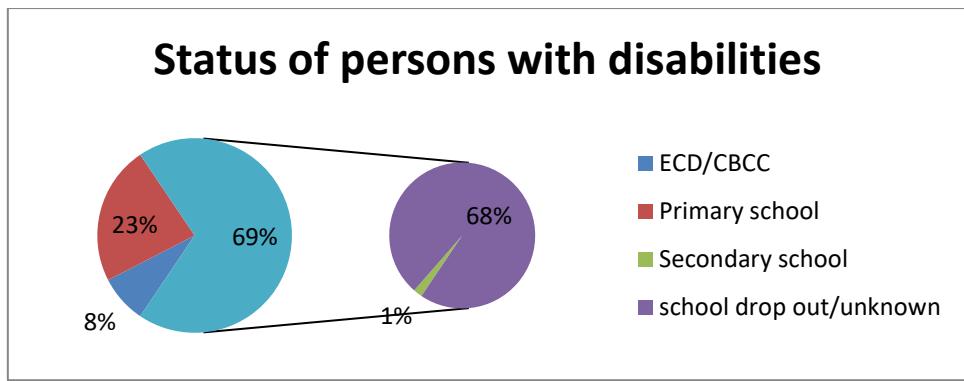
LISAP collaborates and cooperates with various government and other service providers such as the District Executive Committee, Area/Village Development committee, Malawi against physical disabilities, Malawi council for the handicapped, teachers, area disability forums and others in terms of provision of inclusive programs. Through such collaborations, activities with such as sensitization meetings and trainings are conducted jointly. In addition, referral systems are strengthened such that persons with disabilities are sometimes able to access assistive devices

#### **4.3.0 Disability Prevalence**

There a total of about 363 persons with disabilities in Tradition authority Zilakoma (both Upper and Lower. Basing on the data sourced from MACOHA, the area has 91 persons with hearing impairment, 62 with visual impairment, 3 with albinism, 4 with epilepsy, 49 with cerebral palsy, 93 with physical disabilities, and 24 with speech impairment.



118 of the persons with disabilities in Zilakoma impact area are in CBCC/ECD, primary school or Secondary school as captured in the figure below.



#### 4.4.0CAM plus Ambassadorship

##### 4.4.1 Community understanding of the CAM plus program

91.3% of the respondents stated that they understand the CAM Plus ambassadorship program. Only 8.7% of the respondent stated that they don't know what is involved in the program citing that the program is new.

The 91.3 respondents who understands CAM Plus stated that in the CAM Plus program they do identify and register children with disabilities. The identification is done at either community, CBCC or at primary school level. This is followed by taking of the photos of the identified children and the photos are sent abroad for potential partners. Following the identification at community level, the parent/caregiver was encouraged of sending the children to the CBCC. The program has mobilized parents/caregiver and formed Self Help Groups (SHGs).In the SHGs, participants have saving and loan schemes where they borrow money and start small scale business in order to support their children and the family at large. The ambassadorship program does not directly benefit the ambassador but rather the entire community. The programs support has seen the construction of accessible CBCC and it was verified through direct observation. Following the recruitment of ambassadors in Lower Zilakoma, the community has mobilised for the construction of a CBCC and has also managed to lobby for running water (piped water) at the center (Please see picture as below). In upper Zilakoma, the community has also been linked to service providers; NASFAM where they access seed loan and health surveillance assistants who have now started running the under-five clinic services which was not there before. The program records ambassadors who are sick. The records are sent to their partners.



*Chawaza CBCC, accessible with running water on site*

#### **4.4.2 Ambassadors with disabilities**

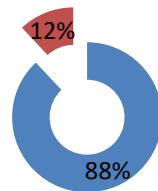
There are currently 29 ambassadors with disabilities in the program against the expected 50 ambassadors. There are possibilities of scaling up the number to reach the target.

#### **4.4.3 CAM plus program community benefit**

88% of the people that were interviewed felt that though not direct, the CAM plus ambassadorship program is of benefit to the community. The reasons provided included the fact that since the program started, the community has been sensitised and empowered with knowledge on disability rights and the importance of including persons with disabilities in development activities. Through the sensitisation, the communities are now able to construct accessible CBCCs.

#### **Program's benefits**

■ Program is benefitting the community ■ Not sure



Respondents also highlighted that by including children with disabilities in the program, their level of development is improving since they are able to attend the CBCCs at an early age. In

addition, if children with disabilities are part of the program, there is hope that some of their needs such as assistive devices may easily be provided.

Through the Self Help Groups and the NASFAM agricultural programs, the caregivers of children with disabilities are able to acquire resources and are able to start up small scale businesses whose retains are used to assist in taking care of the children's needs such as school and hospital needs. A caregiver for a child with a disability from Chitete village in lower Zilakoma said '*Before this program came, my child was not going to school. But now, my child is in standard two. I have been taking her for physiotherapy now she is able to participate in different activities with her friends*'.

Other respondents highlighted that their community was previously sidelined and it had no development activities and programs but now there are programs which are bringing development to the community such as the CBCCs and the Self Help Groups. For instance, Makumbo community has over 6 CBCCs and the number of children with disabilities attending such centres is increasing. Another respondent said '*Kapoti village previously had no CBCCs, SHG and the community had no knowledge on the importance of sending children with disabilities to school but now there is improvement. Children with disabilities go to school because the parents and caregivers are able to support them*'.

To an extent, the ambassadors with disabilities are also able to access under five clinic services which are though not constant available in the communities. In addition, lower Zilakoma has a health center which provides physiotherapy session for children and people with disabilities.

12% of the respondents however were not sure if the program is or will benefit the community in any way. They mostly mentioned that since the CAM plus program has recently started, its benefits to the community are not yet known but it is expected that the community will benefit positively. One respondent said that '*I don't know yet because there is nothing that has happened since my Childs picture was taken*'

Others reported that there is still need for the program model to incorporate direct benefits for children with disabilities especially the provision of specific needs such as assistive devices which are crucial to their participation.

Despite the fact that the community is benefiting from the program at large, there are still some children with disabilities whose caregivers do not belong to any of LISAPs community developments interventions. Most of these are still in great poverty and are not able to send their children to school unlike those that are in the program.

#### **4.4.4 Challenges with the CAM Plus ambassadorship**

The main challenge that was registered is that guardians expect more than what the project can offer. The community expects to get handouts as well as acquire assistive devices from the program.

Implementation and monitoring of the program especially in upper Zilakoma is also a challenge mainly because the terrain is bad.

The community members that were interviewed however highlighted the following challenges of the CAM plus ambassadorship program;

- The program is slow so we cannot see its benefit in time. After the pictures of the children have been taken, it takes a long time for them to be recognised as ambassadors.
- Negative attitudes of the communities in the sense that they feel children/persons with disabilities cannot manage to participate equally.
- The program is not able to provide mobility and other assistive devices for children with disabilities. Persons with disabilities expect more from the program
- There is still disability knowledge gap in the community. There is need to intensify sensitisation on the inclusion of persons with disabilities as most of them are just at home and they don't come out to participate. In this way, the number of children with disabilities to be identified as ambassadors will increase. One caregiver for a child with a disability said '*My child is an ambassador but does not go to school because of his type of disability because he is not able to use the toilet and he soils on himself*
- Discrimination against persons with disabilities still exists in the communities.

#### **4.4.5 Mitigating the challenges**

It was suggested that the above challenges can easily be addressed by sensitizing the communities on the model of the program so that they understand its concept. In addition, there is need for continued awareness raising so that the communities understand the program

The respondents also mentioned that there is still need for direct support to disability children. The support could be in form of wheelchairs, sponsoring them to special schools and procuring lotions for children with albinism, and training of caregivers in basic inclusive education.

The community members on the other had suggested the following solutions;

- LISAP should improve on speed of the process of identification and recruitment of the ambassadors so that the community members are not left in suspense
- There's need for the community to understand the program so that there are no high expectations. However, the program should consider providing assistive devices to children with disabilities.
- Community leaders need and other influential leaders such as ADC/VDC members should be part of the community sensitisation activities.

## **5.0 Discussion**

- LISAP has put in place a comprehensive inclusion policy which outlines relevant principles and priority areas for its implementation. Some of the priority areas include; prevention, early identification and intervention, rehabilitation, accessibility, information and communication, education and training, economic empowerment, self-representation and participation, research and appropriate technology, and HIV/AIDs. LISAP recognises that the implementation of this policy requires substantive amount of financial and material resources however it is initially using the available resource to implement some of the principles.

The policy however, still uses some negative terms such as “disabled people” which needs to be corrected during review. In addition, the policy lacks a clear implementation plan which consists of indicators for easy tracking of progress. Furthermore, the policy has not been disseminated to all members of staff and other key stakeholders.

- LISAPs annual work plan has specific disability inclusion activities such as the training of persons with disabilities, sensitisation of community leaders, provision of accessible training materials, bi- annual reflection meetings on disability and promoting accessible infrastructures which is also a true reflection of the activities being implemented on the ground. In addition, the activities correspond to what is provided for in the inclusion policy. Furthermore, implemented activities and achievements are reported.  
However, there is lack of clear measurable disability inclusion indicators that can be used to measure progress. This may lead to failure to measure impact during outcome level monitoring.
- The reviewed monitoring tools indicated a miss in comprehensive disability data elements. Since the inclusion policy provides for inclusive monitoring, it is necessary that all of LISAPs monitoring tools allows for the capturing of disability data.
- Disability inclusion initiatives may require specific budget for effective implementation. LISAP has a budget for inclusion activities which has been mainstreamed in the existing budget. This is a positive step however if not properly tracked, it might compromise the implementation of such activities. Specific disability inclusion budget in this context might be recommended.
- One of the principles in the inclusion policy is the adoption of the twin track approach. Some of the ambassadors in the CAM plus program have specific needs which if not addressed may compromise their level of participation in the program. Some require wheel chairs, sun screen lotion, hearing aids, inclusive play materials e.t.c. It is necessary that such specific needs be addressed whether directly or indirectly through referrals within the program.
- The increase in the number of children with disabilities attending CBCCs as reported by the interviewed community members indicates that there has been an extensive effort in the creation of awareness on inclusion matters in the community by LISAP. There is however need to promote the record keeping in terms of the data of children with disabilities in the CBCCs. The visited CBCCs such as Kalowa indicated unavailability of disability data in the CBCC register despite having a section for disability data. In addition, the CBCCs caregivers lack orientation in inclusive instruction techniques.
- The funds requisition-scope for LISAP has an aspect of total number of persons with disabilities to be reached in a particular activity. This is a good development as it guides and reminds the officer on the need to reach out to a specific number of persons with disabilities.
- LISAP has successfully lobbied for the inclusion of disability related chapter in the Nkhata-bay district education by-laws on inclusive education’. This is very

commendable as it will lead to the increase in the number of children with disabilities going to school not only in Zilakoma but the whole district.

## **6.0 Future directions**

### **6.1 Challenges in general when it comes to disability inclusion**

- There are no readily available services to address disability inclusion problems that have been unearthed. LISAP is able to identify problems but services are not readily available.
- Old infrastructures like primary schools and health centers are still not accessible to people with disabilities.
- Financial resources limitation to facilitate the implementation of disability inclusion activities. Most of the activities are done once off. As such continuity would be challenge
- Lack of assistive devices and inclusive training materials for learners with disabilities
- Negative attitudes and discrimination by community members including parents of children with disabilities. This also includes myths pertaining to persons with albinism
- Self-discrimination by persons with disabilities.
- Absence of proper and adequate health services and community rehabilitation workers to facilities the prevention, identification, and rehabilitation of various types of disabilities.
- Communication challenges with persons with visual impairments.
- There are no active groups of persons with disabilities to promote disability inclusion
- High expectations from the program among persons with disabilities and the community at large.

## **7. Recommendations (On policy, programmatic, organizational level)**

- Identify and train focal persons on disability to facilitate all disability inclusion initiatives
- Enhance advocacy and lobbying initiatives with government and other service providers to facilitate the provision of inclusive services.
- Disseminate the disability inclusion guidelines to all members of staff and stakeholders to enhance its implementation.
- Develop disability inclusion indicators that can easily be tracked and monitored. This enables systematic implementation of disability inclusion and its reporting. In addition, the impact of the inclusion initiatives will easily be captured during outcome level monitoring.
- Since the inclusion guidelines provides for inclusive monitoring, there is need to develop disability inclusion monitoring tools to facilitate the capturing of disability data which is both qualitative and quantitative. In addition, all monitoring tools should be reviewed to encompass disability components.
- Though disability inclusion budget can easily be mainstreamed in existing budgets, it is recommended that there should a separate budget for disability inclusion because if it's just mainstreamed it can easily be forgotten.

- Though the program model does not provide any direct support to individuals, disability inclusion can properly be achieved if a twin track approach is embraced. Persons with disabilities have specific needs such as assistive devices, accessible IEC materials e.t.c that if not addressed the disability inclusion initiatives may prove to be a failure.
- Awareness creation on disability inclusion matters has to be continuous.
- The disability inclusion policy should have its implementation plan which can also be used a resource mobilization tool from various donors for its implementation
- Upper Zilakoma has more cases of children with epilepsy. Lobbying with district hospitals to facilitate with the provision of epileptic drugs at the health centre would be a boost to the community
- The use of affirmative action to facilitate disability inclusion should be promoted. For example, it should be a must that if someone is to train 100 people in the community; a certain percentage should be persons with disabilities.
- Though LISAP has been trained in disability mainstreaming, refresher trainings or disability inclusion review meetings should also promoted.

## 8. Good examples of disability inclusion

- The development of a disability inclusion policy by LISAP is an excellent success story for disability inclusion. The policy which has been signed and adopted by the board is already being put into practice. Since the policy, LISAP has improved its structures and it is now accessible to persons with disabilities. In addition, LISAP is ensuring that the principles laid out in the policy are being implemented. So far 80% of the activities that were proposed in 2018 during the disability mainstreaming training have been achieved. *Below is a picture of LISAPs accessible offices*



- The program has been able to support children with disabilities in accessing assistive devices and other services by linking them to the available service providers. For example, *Zerasi Mwase, an 11 years old girl from chitete village with a hearing impairment was identified through the cam plus project. Then, she was not going to*

*school. Through this program, she has since been referred to Bandawe School for the deaf and is now able to read and write.*

- Through the community sensitization, the community is now able to showcase inclusive practices thru the constructions of accessible CBCCs and the inclusion of persons with disabilities in various community structures.

## **9. Conclusion.**

Following the training conducted on disability inclusion, LISAP has made good progress towards mainstreaming disability in its program delivery. One notable item worthy to mention is the development of inclusion policy. Using the policy developed, LISAP has started implementing it using the implementation plan derived from the policy document.

The policy document is relevant to LISAP in the inclusion journey as it provides guidance and direction towards disability mainstreaming.

LISAP is committed towards fulfilling its promise to the sponsor as it has taken positive strides towards inclusion despite having a drawback of high expectations from the community which cannot be met with the constrained budget.

Having established evidence on the challenges being encountered in terms of implementing disability inclusion, this report offers an opportunity for boosting advocacy (to implement the program using a twin track approach), for setting priorities, for assessing impact and amending policies, for monitoring the situation, and for increased knowledge among project stakeholders in general.