

# Instructions to the Evaluator(s)

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1. *The presentation wireframe is only an indicative of broad aspects that are expected from the Evaluator. For the ease of understanding, prompts were written on what is expected from each slide. Azim Premji Philanthropic Initiatives is referred as 'Philanthropic Initiatives' in the presentation.*
2. *Please make changes/ modifications to the slides as per the requirement.*
3. *The report will have detailed explanation while this presentation should capture crisp and key highlights/findings. The objective of this presentation is to get key components or high level information.*
4. *Please add slides/ info graphic information/ diagrams if required.*

# **Evaluation of Early Identification and Community Based Rehabilitation for Persons with Disabilities Program – Rajasthan Mahila Kalyan Mandal**

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# Rajasthan Mahila Kalyan Mandal : Summary



<b>Cluster</b>	<i>Disability</i>	
<b>Theme</b>	<i>Persons With Disability</i>	
<b>Location</b>	90 wards of Ajmer and Beawar towns in Rajasthan, and 80 surrounding villages	
<b>Grant Amount</b>	As per Grant Agreement	INR 2,80,07,700 (Two Crores, Eighty Lakhs, Seven Thousand and Seven Hundred only)
	Amount Released	INR Rs 2,74,68,463 (Two Crore, Seventy Four Lakhs, Sixty Eight Thousand, Four Hundred and Sixty Three only)
<b>Programme Name</b>	Early Identification and Community Based Rehabilitation for Persons with Disabilities	
<b>Programme outcomes</b>	<p>1. PWD engaged under the CBR programme show some improvement across functional indicators such as Education, Personal &amp; Social, Motor, Vocational, Recreational, Communication.</p> <p>2. PWD engaged in the CBR programme show improved mobility, independence and are mainstreamed into the community.</p> <p>3. New born babies who are identified as disabled, receive immediate care and support, which will reduce the long-term impact of disability and improve their quality of life.</p>	
<b>Start – End Date</b>	October 2018 – October 2021	
<b>Evaluation team</b>	<a href="#">Karthikeyan. E and</a> team-Ravi Kishan G and Rujuta Date (Impact Evaluation experience of 6 years, specialised area-working with rehabilitation centers for specially challenged individuals)	
<b>Methodology</b>	The grant evaluation undertook an assessment of the activities conducted by RMKM on Community Based Rehabilitation for Persons with Disabilities program. OECD-REEIS evaluation framework and the evaluation objectives were clearly mentioned in the Terms of Reference shared by APPI.	

# Rajasthan Mahila Kalyan Mandal : Grant Details



<b>ORGANIZATION</b> - Great people doing good work	
<b>Goal of the program</b>	<ul style="list-style-type: none"> <li>To support the identification, rehabilitation and mainstreaming of persons with disability in 90 wards of Ajmer and Beawar towns, of Rajasthan, and 80 nearby villages.</li> </ul>
<b>What activities did the philanthropic Initiatives support?</b>	<ul style="list-style-type: none"> <li>Identification Drives conducted on an ongoing basis to identify all Persons with Disability (PWD) by engaging Anganwadi workers, schools and community leads</li> <li>Homebased rehabilitation and education services provided by the CBR worker to the PWD (0-25yrs) as per his/her requirement- 2-3 times per month on average</li> <li>Meetings with Panchayati Raj Institutions &amp; other stakeholders</li> <li>Development of dissemination of IEC material for Early Identification &amp; Intervention (Hoarding, Pamphlets, Posters)</li> <li>Provide therapeutic support to PWD at "Contact Centers" to address the needs of PWD who cannot be accommodated in the CBR programme OR who have already been mainstreamed but require continued, but reduced, support</li> <li>PWD is linked to social security schemes (disability certificate, UID. Rail/bus pass pension, Awas Yojana, guardianship) and access to required aids and appliances</li> <li>CWD (3-14yrs) are mainstreamed into anganwadis and schools, with continuous monitoring and support post inclusion</li> <li>Employment/ vocational counselling and/or placement provided for AWD</li> <li>Awareness building and training conducted with peers (Challenging Challenge Activity)</li> <li>Awareness building and training conducted with headmaster/ teachers of schools</li> <li>Awareness building and training conducted with Anganwadi workers/ ASHA</li> <li>Awareness building and training conducted with parents, siblings and other care givers</li> <li>Formation and regular quarterly meetings of Inclusive Disabled People Groups (IDPG) on rights of PWD</li> <li>Trainings of IDPGs</li> <li>Counselling of parents of high risk babies who are in neonatal care in the hospitals and subsequent follow up with parents to check for emergence of disability</li> <li>Identification of PWD at various departments of the hospitals to support them with immediate medical care, obtaining disability certificates and to direct them to CBR programme, where possible.</li> <li>Meetings with hospital staff to sensitise them to refer cases of PWD to other non-medical services.</li> </ul>

# Rajasthan Mahila Kalyan Mandal : Grant Details



## ORGANIZATION - Great people doing good work

**What did the activities lead to?**

- 24792 Homebased rehabilitation and education services provided by the CBR worker to the PWD (0-25yrs) as per his/her requirement- 2-3 times per month on average
- 1324 Meetings with Panchayati Raj Institutions & other stakeholders
- 3 Development of dissemination of IEC material for Early Identification & Intervention (Hoarding, Pamphlets, Posters)
- 790 Provide therapeutic support to PWD at "Contact Centers" to address the needs of PWD who cannot be accomodated in the CBR programme OR who have already been mainstreamed but require continued, but reduced, support
- 1475 PWD is linked to social security schemes (disability certificate, UID. Rail/bus pass pension, Awas Yojana, guardianship) and access to required aids and appliances
- 81 CWD (3-14yrs) are mainstreamed into anganwadis and schools, with continuous monitoring and support post inclusion
- 60 Employment/ vocational counselling and/or placement provided for AWD
- 100 Awareness building and training conducted with 16318 peers and 897 Teachers (Challenging Challenge Activity)
- 8 Awareness building and training conducted with 193 headmaster/ teachers of schools
- 10 Awareness building and training conducted with 266 Anganwadi workers/ ASHA
- 43 Awareness building and training conducted with 1799 parents, siblings and other care givers
- 140 Formation and regular quarterly meetings of Inclusive Disabled People Groups (IDPG) on rights of PWD
- 20 Trainings of IDPGs total participants were 478
- 3064 Counselling of parents of high risk babies who are in neonatal care in the hospitals and subsequent follow up with parents to check for emergence of disability
- 1565 Identification of PWD at various departments of the hospitals to support them with immediate medical care, obtaining disability certificates and to direct them to CBR programme, where possible.
- 9 Meetings with hospital staff to sensitise them to refer cases of PWD to other non-medical services. **5**

# Rajasthan Mahila Kalyan Mandal : Grant Details



## ORGANIZATION - Great people doing good work

### Broad changes taken place in the program (if any)

Broad changes that have taken place in the program during the grant tenure. As the program focusses on community-based rehabilitation - a holistic development of socio-economic conditions of the specially challenged individuals.

- 1) Reaching the unreached population in their homes at remote and interior locations. They would be the family who left away the mainstream public healthcare and rehabilitation system due to limitations on affordability, accessibility, awareness and hope of improvement
- 2) Early identification of children with special needs across various impairments-speech, vision, intellectual, locomotor and others
- 3) Social protection schemes – pension, bus passes, rail passes, and Unique Disability Identification cards were ensured to be availed to the families of specially challenged individuals
- 4) Successfully promoting inclusive education by working with Anganwadi and government schools-primary, middle and high schools
- 5) Promoting awareness, livelihood and empowerment establishing community institution – Inclusive Development Person group

# Rajasthan Mahila Kalyan Mandal : Evaluation Objectives and Methodology



## Evaluation Objective and Methodology

### Evaluation Objective:

i. The evaluation should capture the achievements of the Early Identification and Community Based Rehabilitation for Persons with Disabilities program

- The findings should present the results of the grant with respect to the grant promise (results framework) mutually agreed upon by RMKM and APPI.
- The findings shall highlight the work done by RMKM with the SAs and their families along with the challenges encountered during the implementation

ii. The effectiveness of Community Based Rehabilitation for Persons with Disabilities program would be presented

- The findings should highlight the significant outcomes, the best practices led to the achievement of outcomes and key success factors

iii. Presenting the Way Forward

- A significant expectation upon the evaluation is that it will give key insights on the project and recommendations. They will assist in making decisions about APPI's support to RMKM.

### Evaluation Methodology:

- The grant evaluation undertook an assessment of the activities conducted by RMKM on Community Based Rehabilitation for Persons with Disabilities program. OECD-REEIS evaluation framework and the evaluation objectives were clearly mentioned in the Terms of Reference shared by APPI.
- The stakeholder engagement was mainly conducted between 8th March to 13th March, 2021. It includes program participants, their families/caregivers, CBR workers, doctors, Core team and experts, through face to face interaction. There were a total of 52 visits made during stakeholder engagement. Of which 28 visits were made to meet the program participants, persons with special needs. There were three group discussions with the RMKM team and IDPG. There were Key Informant interviews with the doctors, teachers and other stakeholders.

# Rajasthan Mahila Kalyan Mandal : Progress as per Results Framework [1/3]



<b>Outcome 1: To support 840 persons with disabilities, primarily children, to become self reliant and to mainstream them into the community via Community Based Rehabilitation (CBR) and other support services.</b>		
<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
Indicator 1 – Identification Drives conducted on an ongoing basis to identify all Persons with Disability (PWD) by engaging Anganwadi workers, schools and community leads	-	-
Indicator 2 - Homebased rehabilitation and education services provided by the CBR worker to the PWD (0-25yrs) as per his/her requirement- 2-3 times per month on average	39600	24792
Indicator 3 - Meetings with Panchayati Raj Institutions & other stakeholders	1485	1324
Indicator 4 - Development of dissemination of IEC material for Early Identification & Intervention (Hoarding, Pamphlets, Posters)	3	3
Indicator 5 - Provide therapeutic support to PWD at "Contact Centers" to address the needs of PWD who cannot be accommodated in the CBR programme OR who have already been mainstreamed but require continued, but reduced, support	1848	790
<p><u>Other key qualitative highlights:</u></p> <ul style="list-style-type: none"> <li><i>The targets mentioned here are the overall program targets and the achieved section has the numbers completed according to the Activity Update Post November 2019</i></li> </ul>		



## Rajasthan Mahila Kalyan Mandal : Progress as per Results Framework [2/3]

<b>Outcome 2: To screen 3960 new born high risk babies at maternity wards in 2 hospitals and to support 1000 PWD gain access to appropriate services within 2 hospitals</b>		
<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
Indicator 1 – Counselling of parents of high risk babies who are in neonatal care in the hospitals and subsequent follow up with parents to check for emergence of disability	3960	3064
Indicator 2 - Identification of PWD at various departments of the hospitals to support them with immediate medical care, obtaining disability certificates and to direct them to CBR programme, where possible.	1000	1565
Indicator 3 - Meetings with hospital staff to sensitise them to refer cases of PWD to other non-medical services.	30	9
<p><u>Other key qualitative highlights:</u>  <i>&lt;Please provide key highlights/ remarks under this outcome. Mention in bullet points&gt;</i></p> <ul style="list-style-type: none"> <li><i>The targets mentioned here are the overall program targets and the achieved section has the numbers completed according to the Activity Update Post November 2019</i></li> </ul>		

# Rajasthan Mahila Kalyan Mandal : Progress as per Results Framework [3/3]

<b>Outcome 3: Link PWD to social security schemes and create awareness about their issues in schools, with ASHA and AWWs and families</b>		
<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
Indicator 1 – PWD is linked to social security schemes (disability certificate, UID. Rail/bus pass pension, Awas Yojana, guardianship) and access to required aids and appliances	500	1475
Indicator 2 - CWD (3-14yrs) are mainstreamed into anganwadis and schools, with continuous monitoring and support post inclusion	300	81
Indicator 3 -Employment/ vocational counselling and/or placement provided for AWD	100	60
Indicator 4 - Awareness building and training conducted with peers (Challenging Challenge Activity)	150	100
Indicator 5 - Awareness building and training conducted with headmaster/ teachers of schools	36	8
Indicator 6 - Awareness building and training conducted with Anganwadi workers/ ASHA	36	10
Indicator 7 - Awareness building and training conducted with parents, siblings and other care givers	47	43
Indicator 8 - Formation and regular quarterly meetings of Inclusive Disabled People Groups (IDPG) on rights of PWD	420	140
Indicator 9 - Trainings of IDPGs	30	20
<p><u>Other key qualitative highlights:</u></p> <ul style="list-style-type: none"> <li><i>The targets mentioned here are the overall program targets and the achieved section has the numbers completed according to the Activity Update Post November 2019</i></li> </ul>		

# Rajasthan Mahila Kalyan Mandal : Review of Systems (I/4)



Parameter	Review
<b>Organization Management</b>	<ul style="list-style-type: none"> <li>• RMKM management possess the decades of experience, expertise-therapists and infrastructure to deliver the services.</li> <li>• By design the program is to deliver home based rehabilitation, so there is a larger need to hire further CBR workers and provide further support on capacity building of CBR workers</li> <li>• The frontline staff –CBR workers are adhering to the roles and responsibilities in terms of delivering the targets. Based on field interaction, the attitude and behaviour reflect the personality frame required for the role</li> <li>• The program management team monitors on a regular basis and maintains a good book keeping practice. However there are opportunities for improvement in brining a digital record keeping and revising the Monitoring and reporting indicators on Quality of Life Improvement.</li> </ul>
<b>Leadership</b>	<p>Please provide details of the following questions</p> <ul style="list-style-type: none"> <li>• The leadership at the organisation level is actively led with an understanding of contextual challenges in implementing and providing applicable solutions.</li> <li>• On the community level, IDPGs formed are active and successful only in a few locations and need progress in other location</li> <li>• The leadership guides program design, capacity building, upholding ethics and principles in practices. The decisions are democratically taken with the consensus of stakeholders and considering the practical limitations on the ground.</li> <li>• There are senior employees are entrenched with responsibilities to deliver on management functions. The board has a limited role involved in significant decision making but there is an active advisory group-mentors for RMKM.</li> </ul>

## Rajasthan Mahila Kalyan Mandal : Review of Systems (2/4)

Parameter	Review
<b>Management Information System</b>	<ul style="list-style-type: none"><li>• There was a limited access and exposure to the MIS data, but it was sufficient enough to get a decent understanding.</li><li>• The HR and Finance data was exhaustively captured and the survey data and program data are regularly captured to review the progress of SAls and targets set for the outcome.</li><li>• The information on CSN, their assessment and progress though meticulously maintained is mostly in the form of physical files, or notes of CBR workers.</li><li>• The MIS can be set up in more efficient ways so as to be accessible for reviewers to go over the outcomes.</li><li>• Though there is widespread use, most of the data is still in offline formats.</li></ul>

## Rajasthan Mahila Kalyan Mandal : Review of Systems (3/4)

Parameter	Review
<b>Human Resource</b>	<p>Please provide details of the following –</p> <ul style="list-style-type: none"> <li>• What are the HR policies to ensure timely recruitment, staff retention, possibilities of growth?</li> <li>- Due to the lack of trained positions some of the posts have been vacant or substitute posts have been made.</li> <li>- RMKM has hired fresh graduates on a lower PA salary to manage budget</li> <li>- There might also be an issue on the side of workers, not wanting to work in rural environments, leaving for better opportunities etc.</li> <li>• Is there an investment in timely capacity building of staff, frontline functionaries and other members?</li> <li>- RMKM encourages an atmosphere of learning and growth for its employees</li> <li>- They organize trainings and exposure visits for the workers.</li> </ul>
<b>Programme Finance Aspects</b>	<ul style="list-style-type: none"> <li>• RMKM has overall underspent throughout the program.</li> <li>• <b>Overall-63% of amount is unspent as of Jan 2021</b></li> <li>• Major reason was for the non-active period in 2020 during the lockdown and remote operations</li> <li>• Major component of the budget is the salaries -61% of the total budget. It is the significant unspent area is Rs58,54,143</li> </ul>

## Rajasthan Mahila Kalyan Mandal : Review of Systems (4/4)

Parameter	Review
<b>Others</b>	<ul style="list-style-type: none"><li>• Please provide key highlights both positive factors and issues of any other key components</li></ul> <p>Based on the field observations the followings were noticed</p> <ol style="list-style-type: none"><li>1) There is an awareness among children with special needs within the community and reach out to institutions such as RMKM</li><li>2) There is an acceptance of children with special needs and inclusive practices , especially in the schools within schools and teacher</li><li>3) There is a promotion of inclusive practices in banking and others as they are brought to mainstream</li></ol>

### Sustainability of program

- **Governance and Finance Capital:** As RMKM is involved in several efforts beyond this program a vision that incorporates the ethos of RMKM but also the goals of this project should be constructed.
- **Human Capital:** The vision, ethics, acumens and understanding grassroot challenges are consistent and lucidly present in the governing body, senior leadership, middle management and in CBRs. One of the key reasons the culture of learning and development RMKM promotes.
- **Social Capital:** Self-sustainable care is a significant model implemented by RMKM. It leads to improving the quality of life of SAs and immensely reduces the carers' fatigue. This is widely appreciated by the program participants, their peers, carers, and the family members during the field visits.
- **Advisory board or governing body** created specifically for this program and the work it hopes to achieve. This group of experienced individuals could help develop a broad vision for the program at large and also the various stakeholders it encompasses. This would be a great addition to the structure of the program.
- **Health and Infrastructure:** Among the program participants, the physical and emotional health progress of SAs are crucial to witness the impact within the individual, across the family and the society.
- **Infrastructure:** Building facilities and infrastructure are fundamental components of the RMKM's program's sustainability. The rehabilitation therapy center and others are vital for the SAs to get trained, treated and become stronger.

## Rajasthan Mahila Kalyan Mandal : Utilization of Grant



	Year 1	Year 2	Year 3
Grant Amount as per Grant Agreement (A)	90,87,300	93,91,700	95,28,700
Actual expenditure (Inception till date) (B)	77,57,170	71,76,307	23,58,938
Utilisation against budget % (B/A)	85.36%	76.41%	24.75%
Grand total of 3rd year	3rd Year Budget as Proposed 31st Oct 2019 Previously	<i>Shift- Previous Year 3 vs Current Year 3</i>	GRANT TOTAL
Rs 1,25,34,986	Rs1,01,34,261	Rs24,00,725	Rs 2,74,68,463



# Rajasthan Mahila Kalyan Mandal Sanstha : Recommendations and Conclusion – Grantee Organization



## Recommendation to Grantee Organization

- Strengthen IDPGs- community institutions or groups.
- One significant change recommended is the need for an index measuring the improvement in Quality of Life for SAIs.
- This can be customised according to the components of human capital, social capital, type of disability, percentage of disability, financial conditions, family support, prognosis of health conditions, minimum expectations on improvement in health and others.
- In this program, they could be the following tangible or intangible changes as per the intervention.
  - SAIs who become employed or earning a regular income after training
  - Access to The Rights for Persons With Disabilities Act, 2016- inclusions and entitlements
  - Improvement in mobility and reduction in dependency of carers of family members
  - Health improvements-emotional well-being and physical health (SAI and the family members)-Quality Adjusted Life Years and Disability Adjusted Life Years can be used here with the SAIs inputs and perspectives.
  - Personality development-self-confidence, leadership qualities and skills acquired
- . It is important to build inclusive infrastructure in the vital places for the SAIs to become more mobile and independent where SAIs live, work and visit in Ajmer especially. It could be ramps and Wheelchair friendly toilets in their houses or vital institutions they frequently visit (Banks, DDWO, District Collectorate and others), a braille and audiobook library and others

## Case study: Jamalpura IDPG

### Others

- The IDPGs are a unique aspect of this program. Here is a highlight from a visit to the Jamalpura IDPG:
- The IDPG was started with a goal to fulfill their needs and serve every SAI in a specific area.
- There is no group fee charged, it is a free and voluntary group.
- This specific IDPG had members who had mostly ID & CP. Since their formation they have had an opportunity to meet and interact with the other SAIs in the area.
- Every SAI in that block has been linked to social security schemes (like Adhaar card, Medical Certificate, Rail Pass, Bus Pass & Pension).
- They also took the children to the Sarva Shiksha Abhiyan Camp to get them enrolled for scheme benefits like wheelchairs and walkers.
- These achievements have taken care of some of the immediate and material needs of the participants. In the future they plan to collectively take on a small livelihood activity that the members could participate in so as to earn some money.
- They also hope to communicate the issues and needs of SAIs to their families, communities and local elected representatives.

IDPGs are more than just support groups, they can be utilised to create livelihoods for parents of CSN, to aid their financial situation. They can also help the families establish some amount of financial autonomy. The beginnings of this are already visible on the field and individual/localised interventions might work in some cases, but the programs and IDPGs in general need an overarching guiding vision that can help envision and generate these links and livelihoods.

**End of Presentation**