
Final Evaluation of Persons with Disabilities Self- initiatives To Development (PSID) Project in Chittagong

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MARCH 2010

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Executive Summary

Introduction

Bangladesh Protibandhi Kallyan Somity (BPKS) has implemented the Chittagong Persons with Disabilities Self-Initiatives to Development (PSID) for 18 months (December 2007 to June 2009) with the overall objective of empowering Persons with Disability (PWD) economically, socially and politically, thanks to the support of Spanish Cooperation (Cives Mundi). The Chittagong PSID's direct target groups include all categories of PWDs (numbering 854) in the 27 wards of two areas of Chittagong (9 wards of Chittagong Metropolitan area and 18 wards in Boalkhali Upazila) with special focus on women and children. Besides PWDs, their family members and the community people including public representatives and the GO-NGO officers are the indirect and secondary stakeholders. The total fund received from Spanish Cooperation for implementation of the project was 189, 00 euros (Taka17, 230, 852).

BPKS, established in 1986, is a NGO of PWDs in Bangladesh working to ensure equal rights, opportunities and mainstreaming the PWDs, following an approach called PSID since 1996. PSID is a consumer driven; rights based holistic approach that empowers all types of PWDs. After the support of 3 consecutive Seeding years by National Resource Organization (NRO)/BPKS, the PSID continues to function on it's own in the operational area. The PSID Seeding process witnesses creation of local Grass roots Disabled People's Organization to Development (GDPOD), the base structure that ensures the consumers lead all types of initiatives; and regional Disabled People Organization to Development (DPOD) which works to guarantee the actualization of barrier-free service system across all sectors and the area, and the National Alliance for Disabled People's Organization (NADPO) responsible for oversight and advocacy for the fulfillment of rights from the local to national level. As the actions and approach of BPKS were successful in other districts, the Chittagong PSID followed the same approach, but for a period of 18 months instead of 3 years.

Regional Disabled People Organization to Development (DPOD) implements multi sectoral development activities as per need of the PWDs in the area. This organization also works in the area as focal organization to safeguard the rights and interest of the disabled peoples in the area. It does advocacy and leads the social movement in the area with commitment to improve the quality and dignity of the disabled peoples in the area.

Following completion of implementation of the PSID Chittagong, BPKS and Cives Mundi has agreed to conduct the final assessment of the PSID through engaging a consultant with the overriding goal to analyze the results and effects of the project, to learn from the experience and systematize the results and apply them to other countries and/or similar projects. The evaluation, as indicated in the ToR, has especially looked into the issues of Efficiency, Effectiveness, Appropriateness, Impact, and Sustainability of the project.

A two-member consulting team with the support of a Field Investigator carried out the Evaluation during February-March 2010 following a combination of methods namely questionnaire (sample) survey, FGD, Key Informants Interview, Direct Observations and Case Studies. The findings generated from different methods were analyzed, synthesized and presented adding value judgments of the consultant team where necessary.

Physical Progress

According to the progress report of the project, the major achievements of the project during the implementation period are:

Carried out of a baseline survey; Organized 27 GDPODs at 27 Wards comprising 854 PWDs (Adult Women-246, Men 295 and Girls 171, Boys 161); Chittagong DPOD established and registered: a 27 Member General Council and a 9 member Executive Council and a 9 member Women With Disabilities committee formed and made operational; 2 PWDs from the project area elected as representatives to the National Council of BPKS; Weekly Saving Fund (WSF) & Management & Development Fund at GDPOD level established as well as Program Accelerating Fund and Management & Development Fund at DPOD level created. CDPOD also submitted the application to gain the membership with NADPO.

Land amounting to 3485 sft acquired, PSID Resource Center (PRC) constructed in Boalkhali (as of Feb 2010 the utility services and setting up of the office was progressing); 14 ramps 18 latrines installed at different wards.

So far 189 PWDs received economic support for engaging in IGAs; 137 PWDs engaged in entrepreneurial activities; 21 PWDs received therapy services through various equipment and 343 received assistive devices support; Two types of health camps (ENT & intellectual) organized to provide primary and referral health support; 61 CWDs newly enrolled in mainstream schools; at least 13 types of trainings arranged to develop PWDs capacity; 2400 awareness related posters prepared and distributed; and network and linkages developed with local individuals and GO-NGO offices. As learnt (from ED, BPKS) BPKS likes to continue another 10 month support to the localized organization – Chittagong and Chapai Nowabganj disabled people organizations to development from when project period is over.

Analysis of Study Findings and Results

Three types of members are enrolled in the GDPOD, namely Basic, Learner and Associate. Of the total members, two-thirds have association of maximum 1 year with the project and one third has membership for 1 to 2 years. The group members conduct the weekly meeting and write minutes on their own, with no or little support from the project staff.

Eighty eight percent families are presently living in their own houses against 51% in the baseline suggesting that lesser number of beneficiaries is now living in rented house. In case of female PWDs, as high as 91% are living in their own house. Drinking water facilities have improved significantly: none use surface water as source of drinking water against 24% household during baseline. At present 73% household have access to sanitary latrine against only 28% in the baseline, and none now does open defecation compared to 25% in the project starting period. Access to mainstream education and integration of children has improved significantly. The rate of drop out from schools has decreased while interest of starting afresh has increased.

Capacity building training coupled with other advocacy and motivational activities helped the stakeholders understand and sensitize the disability issues and the project approach, goal etc. Most of the training events are of 3 day duration and mostly module-supported. Members also received various Skills development training broadly categorized as home based (organized at home or workplace) and institution based (training from resource centre and project help linking them up. So far project has established collaboration with Department of Agricultural Extension (Farming training), Department of Women Affairs (Tailoring training) and some vocational Institutes. The demand of skills training is ever increasing and mostly unmet.

The project, like all other group formation/development activities in Bangladesh and elsewhere, promotes mobilization of savings among the group members for building own capital. The members are motivated to save @Taka 12-13 per week; overall 73% members are found to have been saving money almost on a regular basis. The project

allows utilizing the savings fund for routine purchase for stationeries (Taka 3 out of 13) and withdrawal for operating IGAs and meeting emergencies. They deposit the savings on their own in a nearby bank where they maintain an account, this is very uncommon in Bangladesh as in majority organizations staff used to do that without involving beneficiaries.

Against uphill demand for credit, 18% PWDs (14% female) have so far received credit, average loan size being Taka 5,700 (5,000 for Women Borrower). Loans are disbursed from 3 sources—Group Savings, Project Assistance fund and from other agencies. The project has been up to now successful to arrange 4 loans from external sources (3 from Social Welfare and 1 from Department of Women Affairs), each @10,000 Taka. Utilizing the loan and skills training (supported by project or from family or other sources) PWDs are operating different types of IGAs. A total of 48% members are operating IGAs and providing livelihood support to their family. This is 8% higher than the members involved in IGA during Baseline.

Average monthly family income of the members has increased by 21% (from Taka 4,825 to Taka 5849) during the project period. Contribution of PWDs towards family income has increased by 29% (from Taka 3100 per month to Taka 4000 a month), likewise the number of concerned PWDs has also increased. Average monthly income of the female PWDs and contribution of them towards family income has also increased at a satisfactory level.

The project on its own and through referral system provides therapy to the beneficiaries in the project area. Overall 23% of the total respondents received the services during the project period, except intellectually disabled persons. Women were found relatively privileged in receiving Therapy (50%). Therapists from Dhaka office visit project sites periodically with prior notice and provide therapy directly or refer beneficiaries (direct and indirect ones) to specialized clinics/hospitals. Recently, project has organized Therapy Training for two local youths (1 male and 1 female) and deployed them in two project sites.

The project also provided assistive devices such as wheel chairs, crutch, white cane, optical glass etc. At present 38% beneficiaries (27% women) use devices, compared to only 4% during Baseline. As observed by the consultants, all sorts of hardware including assistive devices are poorly maintained and quality of the devices was found as medium. Some beneficiaries mentioned poor follow up/compliance of therapy services. The demand/need for therapy and assistive device is ever increasing.

Before commencement of the project, majority community people's and family members' attitude was negative towards PWDS, very few were positive, let alone very positive. Currently of the total family members, 20% claimed to be very positive and 80% positive, while none with negative attitude. Quite opposite to the past, the situation has changed remarkably at community level also. Majority PWDs (86%) claimed to enjoy positive attitude from community and 7% very positive attitude and still equal proportion of people (7%) are negative too.

Awareness about the issues of disabilities and development of PWDs has positively changed at both family and community levels -- 93% respondents mentioned that awareness of family members significantly increased while at community level it increased at 85%. About 7% respondents informed maintaining status quo at family level and 15% at community level. That is though the situation is changing still there is room for sensitization at both levels. Like the change in attitude and increase of awareness, overall acceptance of PWDs by the community has increased by 87%. Still 13% respondents believe that no change occurred (status quo is being maintained).

The PWDs who were confined at home before, now feel much more comfortable to move outside home. Women reportedly are enjoying more freedom than their counterparts in terms of going outside home. Through increased encouragement of the project, the target groups also participate in various cultural activities (music, drama, sports etc) and observance of special national and international day including international disability day. Each area has a cultural team, and there is a central cultural team, and they themselves usually compose and perform the show (music, dance or drama including street drama) where people from all walks of life (including local high ups and NGO-GO officials) attend and enjoy their performance. The PWDs of Chittagong PSID participated in two programmes of Bangladesh Television on issues of PWDs and took part in one competition in a private TV channel (Bangla Vision).

Majority of the respondents, including women and children, claimed increase of their confidence and dignity during the project period. Overall 50% claimed a moderate increase, 25% significant increase and 20% little increase of their dignity while 5% said that it remained unchanged.

The project has developed commending network and partnership with the concerned people and GO-NGOs in the area. It helped not only in sensitizing all categories of stakeholders but also will contribute the project in attaining sustainability in days to come.

In addition to above, the project has undertaken a number of steps to sustain the project activities such as transferred most management and maintenance responsibilities to the groups (GDPOD); completed major formalities including registration of PSID (Chittagong DPOD) from competent authority; Provided training to both project staff and beneficiaries to increase their capacities; Mobilized local resource (savings, for example) to provide credit and IGA support activities (including skills training) for the beneficiaries; Established network, partnership and collaboration with all concerned; Engaged local staff for extending therapy service; Deployed one Fund Raising staff for local resource mobilization and Constructed own office building.

Analysis of Results

Effectiveness: The project through a host of activities has to a great extent been able to address the basic needs of the target population, the PWDs in the project areas, helped understand and by and large ensure the human rights situation and improved their overall status in the family and the community as well, and finally empowered them. These people before formation of GDPOD were isolated and confined at home with no or limited exposure and mobility, always discriminated and their voices unheard; whereas now they are united, know each other and the community, and gained the courage to talk about their rights.

The important factors behind their achievements include: creation and existence of an organization of their own (the GDPOD) to know each other and share their ideas and feelings; the family and the community are simultaneously motivated, partnership and network with relevant organizations and individuals are established, they are much more empowered and capacitated.

Appropriateness/Relevance: Most project activities and strategies followed by PSID in achieving the project goal and objectives were found appropriate and relevant as far as the needs and contexts of the beneficiaries are concerned. The beneficiaries are the most marginalized and vulnerable people in the society, they are the poorest people of today and the poorest of tomorrow, and the project area was found very poor, having no overlap with other similar project. Since inception, as an overall approach, the project has pursuing development of the target people, both individually and as a group (jointly), and developing social capital through linking with local bodies and facilities.

Starting from planning to implementation and follow up of any activity was very much participatory in nature.

With few exceptions the service delivered, both soft and hard ones were very much suitable for the target beneficiaries. The office building, with ramp and other fitting arrangements and facilities, are PWDs friendly. Most of the ramps developed in the project areas are appropriate; the latrines are user-friendly, though the maintenance is not up to the mark. Despite some reservations about the quality, the assistive devices are locally made and generally suitable. The duration of the project in reference to the question of sustainability seemed inadequate. The appropriate time of handing over should be at least 3 years.

Efficiency: Most of the project targets were achieved in time; some of them well in advance too. There were 854 direct target beneficiaries in 27 GDPOD; and including indirect ones the total beneficiaries include 1380. With 3 staff members at grassroots level (Facilitators) for beneficiaries comprising PWDs, their parents, community etc it seems that human resources were efficiently utilized, or over utilized. The workload has definitely increased with the withdrawal of one Facilitator in recent days from the field. The deployment of two local Therapist (after training from HQs) and one fund raising person will hopefully improve the overall performance and efficiency of the project.

Impact: The project has definitely created a host of positive impacts among the direct target groups and the other stakeholders. The important ones are increased access to facilities and basic needs, confidence and dignity, mobilization of local resources (savings in particular), increase in income, exposure and mobility, creating positive attitudes among family members and community, increase in awareness at all level, etc.

The target group members, compared to their baseline situation, are now living in their own house in large number; almost all members have access to safe water compared to 75% in the baseline; none defecates in the open space against some 25% before; access to education, which was a very difficult venture in the past, is on the rise; access to avail the services of therapy and assistive device has increased significantly. The drop rate of CWD from school has reduced and those dropped out earlier are planning to go to school anew.

Against total or overwhelming confinement at home in the past, mobility of PWDs has increased notably. They now participate in local and national level cultural programmes including those of Television. They write their meeting minutes, open and maintain their own bank account. They are more accepted in the community, schools and offices. They have started raising their voices and those seldom go unheard now.

Income of the concerned families and the PWDS is increasing, so the contribution of themselves. Though not a large number, they have started getting involved in IGA through utilizing the savings they are depositing, availing credit from the project fund and other sources, and skills training received from different sources with the support of the project. The people who never thought of having their own savings, now some of them including women (18%) are saving @taka 12-13, and average saving is accumulated at Taka 5,000.

Attitude of both family and community toward the PWDs has changed towards a positive direction, and so the century-old mind set of the people (full of prejudices). Awareness of people (at family and community levels) about various issues of disabilities including their rights have significantly increased.

The project was able to creating effective demand for skills development training, fund for credit and other IGA support activities. The beneficiaries now do not like to sit idle and live at the mercy of others. It has enhanced the dignity and self respect of the beneficiaries manifold.

Women and girls are moving hand in hand with their counterparts, have due contribution in creating and gaining the benefits. Most importantly, a total of some 850 persons with different types of disability, now have the organization developed and managed by them; they now know each other, share their happiness and pains, failures and success; and trying best to moving forward towards sustainability.

Viability/Sustainability: Though, by any standard, the duration of the project was relatively shorter to make the beneficiaries and their activities continue on their own, still some signs of sustainability are visible. It is therefore believed that for moving forward and keeping the pace of development of the Chittagong PSID, supports and cooperation of BPKS will be required for sometime more.

The target members have been capacitated not only on Disability issues but also on management of an organization (of the PWDs) thus enabling them to be self-sufficient. The project beneficiaries now have their own organizations (GDPOD) with the Executive Committees; have an apex body with Executive committee too at district Level (DPOD) duly registered with concerned local authority. The members are found active and enthusiastic, and very keen to proceed further. The PSID and a good number of members have established network and interaction with local representatives and administration, resource organizations and NGOs. Despite a long way to go, the increased awareness and positive changes of attitude, acceptance of the beneficiaries by family and community, the confidence developed among the PWDs, etc are undoubtedly signs of sustainability of the project activities.

The project has trained two local persons on therapy and deployed them in the project. One woman has been recruited to mobilize funds for operation of the PSID activities. It has already established its own office.

Conclusions

The central theme of PSID is to develop grassroots organizations (called GDPOD) of the target groups---the persons with disabilities with an apex body (named DPOD) in the 'Seeding' process over a period of 3 years; and after that PSID operates on its own. The Chittagong PSID was implemented only in 18 months (about half of the stipulated "Seeding' time) having the same objective of functioning independently. Summarily speaking, the Chittagong PSID, even with the shorter period of time, is by and large a successful one. The project has undertaken a host of appreciating initiatives to make the activities sustainable

The positive change in family and community in terms of attitude, increasingly sensitized level on disability issues and increased acceptance by community and family and increased mobility and enhancement of confidence together made the PWDs politically, socially powerful than ever before. Their access to facilities and resources have increased manifold and now in a group or individually they can go to high ups for establishing their rights in most cases without any hindrance, and their voices are now heard by many.

Though not all were implemented at a full and fast track, but majority were successful and effective if considered the situation of the project area, the target beneficiaries and most importantly the duration of the project. By any standard, the project duration is shorter to attain the sustainability of the project, even if it is compared with periods of other PSID so far implemented by BPKS.

However, there are some issues of concern (weaknesses and limitations of the project). Those include:

1. Though there is good on-site monitoring (rather supervision) of the project, it is relatively weak in off-site (written) monitoring and organizing/maintaining information. The project also lack required data organizing and managing skills.
2. Vacancy of one Facilitator may affect the supervision and overall performance of project activities.
3. One important reason for small gaps and shortages of the project in achieving its objective may be attributed to relatively poor salary and benefit of the project staff in comparison to other NGOs (working in the field).
4. Compared to the demand, the project has not been successful in providing adequate credit and skills training of the target group.
5. Likewise there are unmet demands of therapy and assistive device.
6. A good number of members have not yet started depositing savings.
7. Some families and community people are still maintaining status quo in terms of attitude and awareness about issues of disability, some still cannot accept the PWDs.
8. The benefit package provided to the staff is not commensurate with those works in similar organizations. The staff members are working in a city such as Chittagong where the cost of living is very high.

Recommendations

1. Training for target groups and staff as well should continue further along refreshers' one. Network and partnership with concerned individuals and agencies should continue and if possible be strengthened with an objective to furthering the capacitating process.
2. Monitoring, especially off-site monitoring, should be introduced/improved.
3. Vacant position of one Facilitator should be immediately filled in. If otherwise feasible, salary and benefits of staff should be made commensurate to other organizations.
4. Target group should be motivated and facilitated to save and increasingly involved in IGA. Explore more to provide credit and income generating supports including skills training.
5. More therapy services and assistive devices should be provided with regular follow up.
6. As the project has been implemented for shorter period which is generally stipulated for other PSID, the Chittagong PSID, the immature baby of the BPKS, should be especially supported and overseen by BPKS for some period of time. The project submitted by ED for supporting another 10 months should be approved and implemented.

1. Introduction

11. The Project Background

The context: Bangladesh has a population of more than 150 million with a population growth rate of approximately two percent. The country, and its development, continues to be challenged by ineffective governance systems, a high population density, high levels of poverty, deficient and ineffective services and infrastructures, and high child mortality (51 for 1000). Bangladesh's rural areas have very little infrastructure and social service development. With existing services in the country seriously lacking in quality, quantity and population coverage, people are in dire need of basic services that address their health, educational and productivity needs. They face many challenging social issues, including poverty, illiteracy, unemployment, lack of health awareness and health services, and the denial of many basic human rights. Potential constraints in Bangladesh include the frequent occurrence of natural disasters, political instability, technological limitations, lack of public awareness and understanding regarding human rights, and an economic environment that does not independently support human livelihoods.

In Bangladesh People with disabilities (PWDs) comprise an estimated ten percent of the total population and are among Bangladesh's most underprivileged, disadvantaged and vulnerable groups. PWDs are those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. PWDs in general are acknowledged to be among the poorest of the poor. PWDs in the country are invariably viewed with disdain, and are often neglected and deprived of even the most basic of their needs and human rights. Due to this, PWDs suffer from poverty, disempowerment, gender discrimination, illiteracy, malnutrition and poor health at disproportionate levels to the general population. They continue to suffer as a result of traditional attitudes which see disability as a charity rather than human rights-related issue. PWDs have limited access to mainstream economic, development, education, vocational, health and community services and opportunities.

Due to the way in which government authority is distributed between the national and local level in Bangladesh, local government lacks effective authority to serve the people at the local level, especially the marginalized groups namely PWDs, persons living in the slums and to some extent the tribal people, among others. Because of limited resources and capacity the national government alone is unable to implement programs and services that sufficiently address the population's needs. Therefore non-government organizations (NGOs) often are assuming the role of service provider within the country.

Chittagong, located in the south-east part of Bangladesh, is one of the most under-developed and under-served areas, where population density and poverty levels are comparatively high, and availability of infrastructure, services and facilities are comparatively low. It is a challenging hilly region near the Bay of Bengal. A significant number of ethnic minority groups (locally known as tribal community) are part of this population. Additionally, floods, cyclones and other natural and humanitarian disasters are all-too-common phenomena challenging lives in the area. Most of the year, people here battle the most common and challenging disasters, cyclones, tornadoes, erosion of hills and widespread flooding. A significant portion of the population in the area are grossly disadvantaged and lack services and opportunities including shelter, health, education, training, employment and economy. Slum dwellers live in an inhuman socio-economic situation with little opportunity of access to urban facilities. Among the whole population under Chittagong area, tribal community is more vulnerable in all respects.

The Project: The Spanish Cooperation, considering Bangladesh as a Priority country in the area of Asia Pacific (according to Director Plan 2005-2008) has therefore provided financial and technical support to its local partner Bangladesh Protibandhi Kallyan Somity (BPKS) to launch the **CHITTAGONG Persons with Disabilities Self-Initiatives to Development (PSID)**. The PSID aims to support and improve the social, physical and economic development of PWDs, as well as empower the local structures' institutional capacity and the processes in Bangladesh that contribute to the specific necessities of this sector. The holistic approach aims to face the situation of persons with physical and mental disabilities in order to defend their basic rights, their participation in the development process, and their productive inclusion in society. Moreover, creating local organizations of self-initiatives for disabled persons or Grass root Disabled People's Organization (GDPOD) will be the means to promote the training and the education, as well as a way to guarantee their voice, the equality of opportunities and the social and economic empowerment of the PWDs. The overall objective of the project is empowering PWDs economically, socially and politically, and the specific objectives are that the PWDs':

- Basic needs are addressed
- Human rights are ensured
- Status is improved

BPKS has as designed and has been implementing the holistic and human rights based approach of PSID across the country. As the actions and approach of BPKS were successful in other districts of Bangladesh, mainly by reducing prejudices, discrimination and the lack of basic opportunities, the project followed the same approach in the Chittagong district. BPKS, established in 1985, is a non-government voluntary organization of PWDs.

The **duration** of the project is 18 months (December 2007 to June 2009). The project's **geographical areas** include 27 wards of 2 sub-districts (Upazilas) of Chittagong-- 9 wards under metropolitan area and 18 wards under 2 unions of BoalKhali Upazila. The direct **target group** of the project is PWDs of all types, age and sex with special focus on women and children. Besides the target group, PWDs family members and the community people including public representatives and the government and the non-government agencies. The total fund received from Cives Mundi (Spanish Cooperation) for implementation of the project was 189,00 euros (Taka17,230, 852).

1.2 The Objective of the Assessment

Following completion of implementation, BPKS and Cives Mundi has agreed to conduct the final assessment of the PSID Chittagong through engaging a consultant. The goal of the final external evaluation is to analyse the results and effects of the project, in order to learn from the experience and systematize the results and apply them to other countries and/or similar projects. It is proposed to evaluate the capacity of intervention defined in the project and take out knowledge that could be used positively in other interventions or development processes, and point out alternative ways, if it is the case that permits to improve the living conditions of the target population. The evaluation, as indicated in the ToR, has especially looked into the issues of Efficiency, Effectiveness, Appropriateness, Impact, and Viability/Sustainability of the project.

Efficiency is the measurement of the results obtained with regard to the resources used (financial, material, technical, natural and human).

Effectiveness is the measurement of the scope of the specific goal and the results of the activities in the target population and in the period of the implementation project without taking into account its cost.

Appropriateness is the analysis of the adaptation of the results and goals in the project to the context in which it has been implemented, taking into account: a) the problems and needs of the beneficiaries; b) the national and/or local policies of development; c) other synergy performances for cooperation, complementary or competitive; d) the policies, goals and priorities, for cooperation and development of the AECID; e) the technical and financial capacities; and f) the conception of the term and the sense of the word "development" .

Impact is the positive results and: effects that the project has on the target beneficiaries and community in general, and its measurement.

Viability/Sustainability is the degree in which the positive effects of the intervention will continue once the external help is withdrawn. How the parties institutions and/or beneficiaries are going to be in charge of the continued efforts.

The assessment also addressed a double perspective of:

1. The findings/results of the assessment will allow whether to confirm the logic of the intervention defined in the formulation of the project or to redefine the activities and/or results in order to reach better the general strategy of BPKS, fulfilling the results established in it.
2. The assessment will be focused on the analyse of how the project and the local partner's strategy (BPKS) contributes to strengthen the civil society, especially of the target population: disabled people and among them women.
3. The results of the assessment will also make possible the analysis of the indicators objectively verifiable and the sources for checking in order to confirm or redefine them according to the analysis.
4. Also, the evaluator has to verify the end of the construction of DPODs center and the transfer to the DPODs.

1.3 Methodologies and Approach of the Study

The study was carried out combining both quantitative and qualitative approaches. Under each broad approach, a set of methods were applied to accomplish the assignment. The approach and methods includes:

- 1) **Quantitative approach**
 - a) Formal surveys
 - b) Informal surveys
 - c) Direct measurement
 - d) Cost/benefit analysis
- 2) **Qualitative techniques**
 - a) Document review
 - b) Interviews with key informants
 - c) Interviews with general informants
 - d) Interviews with groups/communities
 - e) Interviews with local groups
 - f) Direct observation
 - g) Participatory methods (FGD)
 - h) Case Studies

Data were collected using appropriate instruments like questionnaire, forms, checklist (structured or semi-structured) etc. Each instrument would be drafted, shared with the BPKS (HQs) and project office, tested in the field, and finalized incorporating the feedbacks received from BPKS and those observed during the field-testing.

On collection of data through different methods and techniques, those were compiled and processed, analyzed and synthesized, and conclusions made adding value judgment

of the consultants. Starting from designating the assignment, the study was accomplished in agreement with BPKS, at least in the critical and important stages.

As planned, around 5% of total PWD (persons with disabilities) beneficiaries were covered in structured questionnaire survey, 3 FGDs with PWD groups (one in each working area) and 3 discussions with community, 3 Key Informants, 1 formal discussion session with project staff, 3 Case Studies, and some physical observations of different structures/devices were carried out under the field survey. In addition to the above formal interviews, the Team also contacted and interviewed relevant stakeholders in informal fashion. Number and size of sample/respondent and geographical area of data collection were determined based on the latest progress report, and finalized in consultation with BPKS. However, the Study Team tried best to cover maximum respondents covering different categories in terms of types of PWDs and other stakeholders, sex, age, working areas so that diversities are adequately addressed.

Table 1.1: Sample size by area and type of disability

Type of Disability	City Corporation					East Gamdondi					West Gamdondi					Total				
	M	F	B	G	T	M	F	B	G	T	M	F	B	G	T	M	F	B	G	T
Visual	-	1	-	-	1	-	1	-	2	3	1	-	1	-	2	1	2	1	2	6
Physical	2	1	1	2	6	1	2	1	2	6	1	1	1	1	4	4	4	3	5	16
Hearing/speech	2	-	-	-	2	-	1	1	1	3	1	2	-	1	4	3	3	2	1	9
Intellectual	2	-	-	1	3	-	-	1	-	1	-	1	-	1	2	2	2	1	1	6
Multiple	-	-	-	-	-	1	-	-	-	1	-	-	1	1	2	1	-	1	1	3
Total	6	2	1	3	12	2	4	3	5	14	3	4	3	4	14	11	10	7	12	40

1.4. Team Composition

Team comprised 3 members—Team Leader, Research Associative and Field Investigator. While Professor Dr. Nazmul Ahsan Kalimullah worked as the Team Leader, Mr. Syed Khairul Islam as the Research Associate who was mainly responsible for field data collection, overall coordination, compilation and processing of the data. In addition, one Field Investigator was engaged for about 10 days to conduct interview and collecting data from grass root level especially individual PWD beneficiaries under questionnaire survey (one-to-one sample survey), Key Informant Interview and few case studies. FGDs were conducted jointly.

1.5 Limitations of the study

The evaluation was carried out at a time when the entire office was shifting to the new incomplete but own office building at Boalkhali from Chittagong city (rented office). Most of the office logistics, computers, files and documents were packed up. The utility services like water and electricity are yet to be fixed. All these suggest that overall situation was not conducive. Another problem relates to the organization and maintenance of information by project office.

Though information on coverage of PWDs by the project are disaggregated by gender (both male vs female and boys vs girls) and by type of disability, but gender desegregation by type of disability (for example number of boys and girls with visual disability) is not available. Again, the office maintains data by disaggregating speech and hearing disability, which normally should not be as usually the person with speech disability have hearing disability too (please see Table 1.2 below). All these caused difficulty in selecting and distributing samples.

Again, in comparison to the tasks assigned under the study, the stipulated duration was simply short. Frequent power failure and load shedding was another obstacle towards completion of the assignment.

Table 1.2: Information on project beneficiaries by area and type of disability (as maintained by PSID Chittagong)

sl	Project Area	Total Beneficiary	15 Yrs plus		Up to 15 yrs		Visual	Physical	Intellectual	Speech	Hearing	Multiple
			Male	Female	Boy	Girl						
1	City Corporation	282	106	82	47	47	45	85	65	30	37	20
2	East Gamdondi	252	69	75	61	47	42	83	27	22	41	37120
3	West Gamdondi	320	120	65	70	65	35	180	20	35	20	30
	Total	854	295	222	178	159	112	348	112	87	98	87

2. PSID Approach and Methodology

2.1 Introduction

BPKS, a non-government and voluntary organization of PWDs in Bangladesh is working to ensure equal rights, opportunities and mainstreaming the PWDs in the nation building activities so that they can play responsible and contributive roles in the country as equal citizens. BPKS with the support of Civas Mondy has designed and is implementing a development strategy entitled Persons with Disabilities' Self-Initiative to Development (PSID) in Bangladesh. PWDs are directly involved in the planning, decision making, implementation and management of the program and of the organization, from grass roots to national level. In essence, the holistic approach aims to achieve two-pronged objective of developing and owning an organization of the PWDs' own, and their sustainable socio-economic empowerment through productive inclusion in the society. It identifies and specially addresses the need of women and children with disabilities who are particularly marginalized and disadvantaged in Bangladesh. These efforts are expected to directly contribute to achievement of the first three Millennium Development Goals in Bangladesh- to eradicate extreme hunger and poverty, achieve universal primary education, and promote gender equality and empower women.

PSID is a consumer driven, rights based holistic approach that empowers all types of PWDs to take responsibilities for the initiation, participation and owning of the development process. The National Resource Organization (NRO), so that matter BPKS, is responsible for promoting the PSID for 'Seeding' process over a period of 3 years within the operational area. After 3 years is over, PSID continues to function on its own. The PSID Seeding Process witnesses the creation of local Grass roots Disabled People's Organization to Development (GDPOD) and regional Disabled People Organization to Development (DPOD). The DPOD then submits application to become member of National Alliance for Disabled People's Organization (NADPO). Although these 3 types of organizations work together to achieve the overall goal, each has its well-defined roles and focus. The GDPOD forms the base of the structure and ensures that the consumers lead all types of initiatives, while the DPOD works to guarantee the actualization of barrier-free service system across all sectors and areas. It is the role of the NADPOD to monitor and advocate for the fulfillment of rights from the local to national level through forums, direct discussions and other communications methods.

2.2 Implementation/Execution Process

The project is managed and administered by the staff members of two teams, one each at HQs of BPKS and the field (project area). The ED or the CEO of BPKS, under the guidance and assistance of National Executive Councils, shoulders the overall responsibilities of formulating and reviewing of all programs, fund-raising, budgeting and fiscal management, and overall implementation and management, M&E of PSID in a selected area. ED of BPKS is supported by the Program Management Team comprising senior staff members for implementation and management of PSID. Training cell, based at BPKS HQs, with professionally skilled and experienced trainers (men and women with/without disabilities) conducts all PSID related training at HQ and field areas for staff and beneficiaries of DPOs (Disable People's organization) and representatives of private and government bodies.

During initial period, BPKS project staff members play leadership roles which are gradually transferred to the PWD members of PSID in the project area throughout the two years implementation period. That is, responsibilities are gradually transferred to PWDs through the process of localization. The effectiveness of the PSID approach is attributed to its three main components which are identified as being consumer-driven, rights-based and holistic. As per the project document, the organization structure at field level of PSID is as follows:

1. Centre Director (CEO at field level), now Director of PSID
2. Facilitators (3)
3. Support Staff (1 Attendant and 1 Cook)

Recently, one Facilitator has been withdrawn out of 3 by HQs, and two Therapists (one female) and 1 female Fund Raising Coordinator (all selected from the local community) have been deployed. The Therapists were trained for six months at HQ. Altogether presently there are 8 staff members. Other two Facilitators are shouldering the responsibilities of the vacant position.

GDPOD is formed with the assistance of project staff in the project area as a basis for local PWDs to unite and begin to learn the value of collective strength in order to improve their livelihood. It is through this GDPOD the weekly savings fund is collected from which they take support for initiating and strengthening own Income Generation Activities (IGAs), and hence improving PWDs livelihood and assisting them to meet their basic needs. The rights of PWDs to employment and income opportunities and participation in community life and development are addressed through intellectual capacity building, economic skills training, loan disbursement, access to education etc. By ensuring the participation of PWDs in the economy and community, the individual PWDs and their families are benefited and helps change the perceptions and attitudes of the community towards the PWDs.

The PWDs representative structure has its base at GDPOD level and from here extends to the national level through General and Executive Councils at the Local (DPOD) to the national levels. The district level DPOD is established and strengthened so that it can be a focal point through which capacity is built, services are provided and basic needs are addressed. Awareness raising campaigns and advocacy are conducted from local to national level, particularly targeting powerful individuals and institutions within the community, to improve the community knowledge, attitudes and practices regarding disability and PWDs, hence improving their status and reduce the discrimination that they suffer both in the communities and national level. Women with disability, as a priority target group, are supported for their empowerment and capacity building, advocacy and lobbying, and involvement in the development process of GDPOD and DPOD. The especial needs of the children with disabilities are addressed through facilitation of their enrollment in mainstream and special school as appropriate through advocacy and lobbying, family counseling, provision of educational support, community awareness and integration campaigns.

2.3 Sustainability

The process for the implementation of the project is sequential and allows a gradual handover of ownership of program through forming and capacity building of local disabled people's own organization. This is accomplished in three steps:

First: For the initial period of the implementation, BPKS is the managing organization and has legal responsibilities for all management and financial matters and all training offered through the center and Grassroots Disabled People's Organizations to development (GDPODs).

Second: For the second phase immediately following, the management, financing and training responsibilities is provisionally handed over to the General Council (GC) of Center Management formed with local PWDs. During the time, BPKS oversight continues and the areas of deficiency are identified and corrected. Once BPKS has full confidence with the capacities of local PWDs of self-running the center by the GC and all programs, then third step of development takes place.

Third: At this point full authority and responsibility are turned over with establishment of formal GCI and the entire action is fully localized. The center now obtains its own legal status and takes over the full responsibility for all financial and managerial requirements of the action. However, the GC continues to place two members on the National Council of BPKS, assuring the continued input to national decisions, actions and policies of BPKS

and insuring the continued interest, involvement and understanding of national issues and the position of disability issues in the overall national agenda.

Once the DPOD is fully localized and the ownership placed with the local PWDs, that DPOD now has the responsibility for the development of other DPODs in the district or sub-district. The process assures the continuation and sustainability of PSID program in the area. Then the organizations gain their own individual legal status and registration to ensure independence. Each PSID project area then becomes known as Disabled Peoples' Organization to Development (DPOD), customized to recognize local ownership at the sub-district level to include the district name preceding the title, for example Chittagong Disabled Peoples' Organization to Development (Chittagong DPOD).

3. Project Interventions and Progress

3.1 Project Interventions

The overall objective of the project, as mentioned earlier, is alleviation of poverty and empowering PWDs economically, socially and politically, and the specific objective of the project is basic needs of PWDs addressed, human rights ensured and the status of grassroots people with disabilities improved.

To meet both objectives the project set out 6 targets and identified different types of activities to achieve expected results. The following activities have been implemented under 6 results.

Result A: People with disabilities self-help organizations are developed and strengthened in the working area

- Activity A1: Promote formation of Grassroots Disabled People's Organization to Development (GDPODs).
- Activity A2: Promote financial mechanisms for covering the activities of Disabled People's organizations.
- Activity A3: Design & conduct capacity building activities for PWDs, i.e. members of self-help/grassroots organizations.
- Activity A4: Ensure equal participation in elected positions and ensure the formation of Women's With Disabilities (WWDs) committees to ensure own representation.
- Activity A5: Ensure appropriate infrastructure for grassroots disabled people's organizations (Training & Resource center- TRC).

Result B: Economic activities and the creation of employment opportunities are promoted and increased.

- Activity B1: Promote savings and supports for IGA schemes of PWDs.
- Activity B2: Promote home and or community based IGA skills training to PWDs.
- Activity B3: Provide tree saplings to support PWDs' future economic situations.
- Activity B4: Established PAF for PWDs and DPOD's capital investment to entrepreneurship development: Grassroots Wholesale Grocery Shop (GWGSS).

Result C: Effective participation, collaboration & coordination between BPKS, Disabled People Organizations & local government structures are ensured.

- Activity C1: Run community education and campaigns.
- Activity C2: Follow-up and lobby for implementation of Government disability policies.
- Activity C3: Seminar on replicating the PSID approach in developing countries.

Result D: Provision and access to adequate health services for persons with disabilities is ensured.

- Activity D1: Provide therapy service.
- Activity D2: Provide assistive devices.
- Activity D3: Organize disability detection, prevention and health referral services.
- Activity D4: Promote safe and accessible sanitation facilities and increase hygiene promotion.

Result E: Integration of children with disabilities into educational system is promoted.

- Activity E1: Carry out lobbying, advocacy and orientation training with education authorities and teachers, (e.g. teaching techniques for disabled)
- Activity E2: Provide education materials, tuition & nutrition allowances for extremely disadvantaged children with disabilities, and install ramps.

Result F: Project is successfully managed.

- Activity F1: Ensure adequate skills of project staff regarding disability and management.

Activity F2: Ensure the availability of updated baseline data on the situation of people with disabilities.

Activity F3: Ensure appropriate project management, monitoring and evaluation system.

3.2 Progress/Achievement of the Project

According to the progress report of the project, the major achievements of the project during the implementation period are:

1. A comprehensive baseline survey carried out at the beginning of the project in 2008;
2. Formulated 27 Grassroots Disabled Peoples' Organizations (GDPODs) at 27 Wards;
3. One Disabled Peoples' Organization to Development (DPOD) named Chittagong Disabled Peoples' Organization to Development (Chittagong-DPOD) established;
4. Total 854 (M: 295, F: 246, B: 161, G: 152) enrolled members in 27 GDPODs;
5. 1380 (M: 562, F: 417, B: 230, G: 171) PWDs directly or indirectly received any sort of support under the project;
6. 3484.8 square feet land acquired, Training & Resource Center (TRC) in Chittagong is constructed in Boalkhali. The utility services and setting up of the office is in process
7. For improving management capacity, a General Council (27 members), a Executive Council (9 members) and a Women With Disabilities committee (9 members) formed and made operational;
8. A PSID Worldwide section working for replicating PSID in developing countries as a result of organizing international seminar;
9. 189 PWDs received economic support for engaging in Income Generating Activities (IGAs) initiative;
10. Established Weekly Saving Fund (WSF) and Management & Development Fund at GDPOD level;
11. Established Program Accelerating Fund (PAF) and Management & Development Fund at DPOD level;
12. A total of 137 PWDs engaged in entrepreneurial activities for improving their livelihood;
13. For ensuring PWDs empowerment 2 PWDs from the project area were elected as representatives to the National Council of BPKS;
14. A total of 21 PWDs received therapy services through various equipment and 343 (M: 181, F: 162) PWDs received assistive devices support for increasing mobility;
15. Two types (ENT & intellectual) health camps organized to provide primary and referral health support;
16. A total of 61 CWDs newly enrolled in local mainstream schools;
17. CWDs drop-out rate reduced significantly;
18. For ensuring accessible facilities, 14 ramps 18 latrines installed at different wards.
19. Meetings and liaisons maintained to the national and local government and responsible parties to take action for implementing National Action Plan properly and effectively;
20. At least 13 types of trainings (IGA, use of assistive device, disabilities understanding, gender status, orientation on tree plantation, etc.) held to develop PWDs capacity;
21. For increasing awareness 2400 posters (education and health related) distributed; 6 issues of "One for All" published, one billboard installed, observed different days (international and national disability & women days, awareness campaigns with the community people, etc.);
22. At least 27 PWDs developed as spoke person at grassroots level.

Details of progress may be seen at Annex-2.

4. Survey Findings and Analysis

4.1 Introduction

As mentioned earlier, mixed method, combining both quantitative (sample survey) and qualitative methods (FGD, Case Study, Observation and Key Informants Interviews), was largely applied in accomplishing the study. The tables presented in the following sections are based the information collected applying sample survey and in some cases compared with the Baseline survey conducted at the early stage of implementation of Chittagong PSID. Wherever applicable and appropriate, quantitative findings were compared with the qualitative ones (triangulation), and further analysis and conclusions are made utilizing the value judgments of the Team Members.

4.2 Membership Profile

Type of membership: Groups so that matter GDPODs, are formed with on average 30 PWDs at grassroots level. All categories of PWDS, males and females as well as boys and girls in the locality are eligible to be enrolled in the group.

Three types of membership are in place in PSID, namely, Basic (the PWD who are young/adult and does require no or minimum support of others), Associate (support to the PWD) and Learner (minor). AS the Table 4.1 suggests, out of the total 40 sampled beneficiaries, 25

or close to 63% are Basic member, 13 (33%) are Learners (minor members), and only 2 (1%), found only in West Gomdondi area, are Associates. Number of Learner is also highest West Gomdondi (8), followed by East Gomdondi.

Type of membership	Basic	ASSOCIATE	Learner	All
City Corporation	11	-	1	12
East Gomdondi	10	-	4	14
West Gomdondi	4	2	8	14
All	25	2	13	40

Following the PSID approach, the project not only enrolls a member but direct its efforts towards socioeconomic empowerment and leadership development. To this effect the beneficiaries are motivated to form GDPOD, pursued them to take over leadership within the group and beyond so that the organization can run on their own. Fourteen members (35%) of the total sampled 40 are GDPOD leaders and 4 members (10%) are representing DPOD (at regional/district level), half of them in DPOD Executive Council. While 2 members are representing the Executive Council as EC members, one each from East and West Gumdondi, 1 member from City Corporation is representing as general member of EC of DPOD. Of the total 22 female members adult (female 10 and girl 12), 14 are General member and 6 are in EC of the GDPOD, while 1 is representing DPOD as General and 3 as EC member.

Position	GDPOD	DPOD
City Corporation		
Member	5	1
Executive Body	7	
East Gomdondi		
Member	11	
Executive Body	3	1
West Gomdondi		
Member	8	1
Executive Body	4	1
Total		
Member	24	2
Executive Body	14	2
Female member		
Member	16	1
Executive Body	6	3

As learnt from the project staff, in the initial stage of organizing group there were few 'teething troubles', slightly more in the City Corporation. The residents in the cities are more mobile and little 'clever' than rural areas. It was little difficult to work with mobile people in organizing group with PWDs in all project areas because of non-cooperation of some people, especially in the City areas. However, with the passage of time people become interested in, cooperative and supportive to the project. Summarized, ownership among the stakeholders developed with the passage of time.

Case: Khorshed Alam

Khorshed Alma (32), a physically PWD of Barshat Nagar of Boalkhali Upazila, lost his father 9 years back and his mother (an intellectual disabled) about 14 years ago. His brother and sisters are looking after expiry of his parents, father's death in particular. He could attend school up to class III only.

Khorshed, a basic member of Ward #1 GDPOD of Boalkhali Upazila, is a regular saver and so far accumulated approximately Taka 500 depositing Taka 13 per week. The group has opened account in a nearby Sonali Bank branch. He regularly participates in weekly meeting. He has participated in a drama organized by his peers of local GDPODs. He looked proud of telling all his achievements through his association with the project. Though a low cost one, the latrine looked more or less appropriate and poorly maintained. His wheel chair was under repair.

He has received 1 wheel chair, one latrine and some capacity building training. He also took of 5,000 taka as loan and started one petty shop (pan-biri) couple of months ago. So far he repaid 2,000. With the support of his nephew he operated the business for sometimes and decided not to continue as his nephew can not spare time because of some reasons. He is planning to take another loan after repayment/adjustment of the balance to the office and planning to purchase a rickshaw to be operated on rent basis. In future he will operate two rickshaws on rental basis and according to him two rickshaws would be enough for him to maintain this livelihood.

He is very grateful to BPKS. "We now have our own organization. Our confidence has increased; we now know each other with physical and mental problems. We are greatly benefited through activities of BPKS". Khorshed hopes that one day he will be self sufficient both socially and economically. "When we will have enough money in our group savings, we will not only provide loan to GDPOD members, but non-members too, of course preference will be given to PWDs."

Duration of Membership: Maximum members or more than half (55%) have association of 1 year with the project, one third have membership of more than 1 year (but less than 2 years) and 12% are of less than 1 year (Table 4.3). The distribution of membership age is equally divided between 1 year and more than one year in City Corporation indicating among others that there is no member with less than one year. Prevalence of shorter duration member is relatively higher in East Gomdondi area (29%), while members with 1 year association is highest in West Gomdondi (64%). Of the total female members (22), 14% are less than 1 year, 45% are 1 year and remainder (41%) are more than 1 year associated with the project.

Table 4.3: Age of membership (%)

Membership Duration	Less than 1 year	1 year	More than 1 year	All
City Corporation	-	50	50	100
East Gomdondi	29	50	21	100
West Gomdondi	8	64	28	100
All	12	55	33	100
Female Members	14	45	41	100

Family Size: Average family size is estimated at 6.4, higher than the national average of 4.8. The male-female ration is also not in line with national situation. Contrary to national situation, there are more female than male in the project area. Average family size is largest in West Gomdondi (6.7), followed by City Corporation (6.2) and smallest in East Gomdondi (6.0). Across the types of PWD, it is also found that families with visually disabled have biggest family size (7.1) and minimum among households with intellectually impaired persons (Table 4.4).

Table 4.4: Average Family size by Area and Type of Disability

Attributes	Average Member/Family	Average Female member/Family	Male-Female Ratio
A. Project Area			
City Corporation	6.2	3.3	100: 106
East Gomdondi	6.0	3.2	100: 106
West Gomdondi	6.7	3.6	100: 108
B. Type of disability			
Visual	7.1	3.2	100: 90
Physical	6.3	3.0	100: 95
Hearing and Speech	6.4	3.7	100: 114
Intellectual	6.2	3.3	100: 106
Multiple	6.6	2.0	100: 60
All	6.4	3.3	100: 106

4.3 Access to Basic Facilities (Housing, water, latrine and education)

Housing status: The ownership of the housing has remarkably changed, 88% are presently living in their own houses against 51% in the baseline. The change is prominent in City Corporation, marginal in West Gumdondi and reverse in East Gumdondi. Two percent households are now living in unauthorized places against one percent at the beginning of the project (Table 4.5). The tendency of living in unauthorized places was currently found in City Corporation (8%) only, while at baseline in two other places (1% each).

The situation of housing is found to be better in case of women members. They own 91% houses and remainder live in rented houses, none in unauthorized houses/spaces.

Table 4.5: Present and Past Housing Situation (%)

Type of House	City Corporation		East Gumdondi		West Gumdondi		All		Female Members	
	Present	Baseline●	Present	Baseline●	Present	Baseline●	Present	Baseline●	Present	Baseline●
Own House	84	10	86	93	93	90	88	51	91	N.A
Rented House	8	90	14	6	7	9	10	48	9	N.A
Unauthorized	8	00	0	1	0	1	2	1	0	N.A
All	100	100	100	100		100	100	100	100	N.A

● Source: Baseline Report of the project. N. A= Not Available

Access to safe Water: Drinking water facilities have improved significantly in all the areas. None use surface water as source of drinking water against 24% household during baseline (Table 4.6). Only 2% household at present use Kua/dug well water and remaining 98% (of them 73% Tube well and 25% piped water) use safe drinking water.

Table 4.6: Present versus Past Drinking water Facilities (%)

Water options	City Corporation		East Gumdondi		West Gumdondi		All	
	Present	Baseline●	Present	Baseline●	Present	Baseline●	Present	Baseline●
Tube well	20	30	93	55	100	60	73	44
Tap/Piped Water	80	70	0	0	0	0	25	31
Dug Well (Kua)	0		7	1	0	2	2	1
Surface Water	0		0	44	0	38	0	24
All	100	100	100	100	100	100	100	100

● Source: Baseline Report of the project

Latrine use: Marked improvement of defecation practices and latrine use over the project period is observed. Project beneficiary households are now using sanitary latrine at an increased rate compared to baseline, 73% against only 28%, and none now does open defecation compared to 25% in the project starting period. Proportion of unhygienic latrine use has considerably all over the project area, except City Corporation (Table 4.7). In City Corporation, use of both sanitary and unhygienic latrines has increased. It may be mentioned that 18 latrines were provided/constructed by the project, mainly targeting PWDs having difficulty in their use, might have impacted on usages of hygienic latrines

Table 4.7: Present versus Past Latrine use (%)

Type of House	City Corporation		East Gumdondi		West Gumdondi		All	
	Present	Baseline●	Present	Baseline●	Present	Baseline●	Present	Baseline●
Sanitary Latrine	50	31	85	27	79	24	73	28
Unhygienic Latrine	50	46	15	48	21	50	27	47
Open space	0	24	0	25	0	26	0	25
All	100	100	100	100	100	100	100	100

● Source: Baseline Report of the project

Status of Children’s Education: Of the total 19 sampled children and adolescents under the study, half of them are currently studying, 80% of them started during the project period meaning among others that 20% somehow continued before launching the project.

In addition to motivation and advocacy for education, the project also extended the following important services:

- Provided tuition fees to 73 poorest but brilliant boys and girls
- Provided school materials including bag and stationeries to 40 students
- Provided financial supports to 3 Secondary School Certificate examinees

Table 4. 8: Currently Studying Children and Adolescents (%)			
Area	Study Started		Total
	Before Project	During Project	
City Corporation	1	1	2
East Gomdondi		3	3
West Gomdondi	1	3	4
Total	2	7	9

Mentionable that mobility and attending schools was always discouraged by the family, community and school before the project. Project has been successful to a great extent to change the attitude and mindset of the stakeholders. The overall scenario has changed. One mother was telling to the consultants, “before the project, I tried to get my CWD into the nearby government primary school, but the community, teachers and even the students did not welcome the idea, rather most of them discouraged, some teased. Now, the project has constructed a ramp for the CWDs in the school, gave my son a wheel chair and motivated me, the community and both teachers and students. My son goes to school regularly and very comfortable in the school. To my surprise, his peers are his friends and they help him come home pushing the wheel chair.” Teacher, students, community and parents are now more positive than ever before about education of the children with disabilities. Most impotently, the drop out rate of CWD has reportedly reduced. The consultants also met with some CWDs who have dropped from school mainly because negative behavior, are planning to start afresh with the support of the project.

Of the total sampled CWDs started studying during project period 90% were supported by the project (Table 4.9)

Table 4.9: Supported towards Admission in School

Type of Disability	City Corporation		East Gomdondi		West Gomdondi		Total	
	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl
Visually	0	0	0	1	1	0	1	1
Physical	1	0	0	0	1	1	2	1
Hearing and Speech	0	0	0	1	0	0	0	1
Intellectual	0	0	0	0	0	0	0	0
Multiple	0	0	0	0	0	0	0	0
All	1	0	0	2	2	1	3	3

4.4 Services provided to beneficiaries

Capacity Building Training: Of the total 40 sampled members, 22 or 55% targeted PWDs received following types of training, on average 3 training per member (Table 4.10).

1. (Self) Confidence Building Training
2. Disability understanding Training
3. GDPOD development and management Training
4. PSID Orientation Training
5. DPOD development and management Training
6. Program Accelerating Training
7. Grassroots leadership Training
8. lobbying and advocacy Training
9. Localization of power and program Training
10. Country Status Training
11. Gender Training

Of the total female members (including girls), 59% received training, each at the rate of 2.7 trainings, on average slightl less than their counterparts (male). Some of the members, it should be mentioned, are not trainable and some could not recollect if there had been any training.

Table 4.10:Capacity Building Training Provided

Type of Disability	City Corporation		East Gomdondi		West Gomdondi		Total	
	Member	# Training	Member	# Training	Member	# Training	Member	# Training
Visually impaired	2	6	3	8	1	4	6	18
Physically disabled	4	13	4	10	2	7	10	30
Hearing cum Speech	0	0	1	4	2	7	3	11
Intellectual	1	2	0	0	0	0	1	2
Multiple	0	0	1	4	1	1	2	5
All	7(58%)	21(3)	9 (64%)	26(3)	6 (43%)	19 (3)	22 (55%)	66 (3)
Women member	100%	3.3	44%	2.8	38%	3.3	59%	2.7

As informed, most of the capacity development training events are of 3-day duration and provided by the HQs staff of BPKS and each course has a module. Training session for PWDs in Hearing cum Speech and Intellectually Disabled are facilitated by special trainers and associates.

Skills Development Training: Of the total 40 sampled members, slightly less than half received some kind of skills development training for operating Income Generating Activities (IGAs). With few exceptions, most trained members have received training during the project period (Table 4.11). Majority recipients are physically disabled, followed by hearing cum speech ones and visually impaired. Area wise, majority members who received Skills training are form East Gumdondi, closely followed by West

Gumdoni and City Corporation. Among the women, 55% received one skills development training and most of them on vegetables cultivation.

As informed, two categories of Skills training are arranged—one is called home based (organized at home or workplace) and institution based (training or resource centre and project help linking them (members). So far project has established collaboration with Department of Agricultural Extension (Farming training), Department of Women Affairs (Tailoring training) and some vocational Institutes. For example, project has also sent 3 PWDs to Tongi vocational training school for one-year training on a trade (Lathe machine/welding). The cost of this training is borne by the institute. The cost of some other training is either shared between the project and the trainees or borne by the trainees. It needs to be mentioned that there is a huge demand for Skills training and most of those are unmet.

Table 4.11: Skills Development Training Arranged

Type of Disability	City Corporation		East Gomdoni		West Gomdoni		Total	
	Member	# Training	Member	# Training	Member	# Training	Member	# Training
Visually Impaired	1	2	2	2			3	4
Physically disabled	1	1	3	3	3	3	7	7
Hearing cum Speech disabled	2	2	2	2	1	2	5	6
Intellectual Disabled								
Multiple Disabled			1	1	1	1	2	2
All	4 (33%)	5 (1.3)	8 (57%)	8 (1.0)	5 (36%)	6 (1.2)	17 (43%)	19 (48%)
Female Members	27%	1	43%	1	28%	1.2	55%	1

The types of common skills training received include:

- Farming (Vegetables Cultivation)
- Boutique production
- Chumki production
- Tailoring

Savings Accumulation: The project, like all other group formation/development activities in Bangladesh and elsewhere, promotes mobilization of savings among the group members for building own capital. In Chittagong PSID the members are motivated to save @Taka 12-13 per week. The project allows utilizing the savings fund for routine purchase for stationeries (Taka 3 out of 13) and withdrawal for operating IGAs and meeting emergencies like meeting educational expenses and health hazards. They deposit the savings in a nearby bank and they themselves maintain the account, unlike practices of most other organization (micro finance agencies in particular).

Overall 73% members are found to have been savings almost on a regular basis, highest among East Gumdoni members (86%) and lowest in West Gumdoni area (57%). Average amount so far deposited is Taka 666, maximum in W. Gumdoni (Taka 1236) and minimum in City Corporation (Taka 408). Among the types of PWDs, physically disabled were found highest amount of savers with Taka 1,154, distantly followed by Multiple Disabled persons with Taka 570, and lowest by visually impaired persons (Taka 351). Table 4.12 shows the details of savings activities. Overall women are lagging behind in saving mobilization, unlike other programs, with 68% regular savers and average savings of Taka 423 per member.

Table 4.12: Savings Mobilized (Amount in Taka)

Type of disability	City Corporation		East Gomdondi		West Gomdondi		Total		Average Saving
	Member	Amount	Member	Amount	Member	Amount	Member	Amount	
Visually Impaired	2	442	3	1600	2	420	7	2462	351
Physical Disabled	4	2140	4	2320	3	8230	11	12690	1154
Hearing and Speech	2	550	2	560	3	1240	7	2350	336
Intellectual	1	540	2	700			3	1240	413
Multiple			1	570			1	570	570
All	9	3672	12	5750	8	9890	29	19312	666
Average Saving	75%	408	86%	479	57%	1236	73%	666	
Female	100%	444	78%	473	21%	280	68%	423	423

Credit and IGA Operation: Altogether 18% PWDs have so far received credit, the rate being highest in City Corporation (25%); while in the other two areas so far 14% members have been covered. Of the five broad categories of PWDs, Hearing cum speech disabilities did not avail any credit (Table 4.13). Average amount of loan was Taka 5,700, lower in City Corporation (Taka 5,000 both in and E. Gumdondi) and higher in W. Gundondi (Taka 7,500). And across the type of disability, size was highest for the physical disabled persons (Taka 6, 600) and lowest among Visually and Multiple disabled (Taka 5,000).

Table 4.13: Credit disbursement Activities

Type of disability	City Corporation		East Gomdondi		West Gomdondi		Total		Average Amount
	Member	Amount	Member	Amount	Member	Amount	Member	Amount	
Visually	1	5000	1	5000	1	5000	3	15000	5000
Physical	2	10000	0	0	1	10000	3	20000	6,600
Hearing and Speech	0	0	0	0	0	0	0	0	0
Intellectual	0	0	0	0	0	0	0	0	0
Multiple	0	0	1	5000	0	0	1	5000	5,000
All	3	15,000	2	10,000	2	15,000	7	40000	5,714
Percent/Average	25%	5,000	14%	5,000	14%	7,500	18%	5,714	
Female member	40%	5,000	11%	5,000	0	0	14%	5,000	5,000

Case: Shafiunnessa Rocky

Lost his father in the infancy, Shafiunnessa Rocky is the eldest among her 7 sisters and 4 brothers. When only one year old, she was attacked by Polio fever and it affected her right hand, right leg and hip joint. After few years her father expired. However, her mother got Rocky admitted into a nearby primary school and kept try continuing her education. After passing the primary school with brilliant results, he was admitted into a famous school of Chittagong city ---the Baklia High School in class six. Rocky was doing well in the high school and was awarded Scholarship in class eight. However because of hardship of the family, she had to discontinue her study with deep frustration.

At this juncture of frustration, she came across with the workers of BPKS and enrolled into a GDPOD as a Learner Member. The BPKS staff and her peers in the GDPOD took her to the school, convinced the teacher to get her admitted in the school (in class nine). This year he has appeared SSC exam and expects to perform well. The BPKS workers did motivational and awareness raising works activities at school and in her community so that she do not fall victim of discrimination like in the past. Earlier, more specifically when she was not associated with BPKS/GDPOD, she was barred to sit in the front benches. But now, teachers, students and her class mates love her very much. Now she can protest if there is any discrimination or misbehavior with her, of course in an articulate fashion..

She participated in the local and national cultural programmes. BTV has telecasted one her interview during a programme of PWDs. She has given an audition test also to BTV. She said that not only my friends in GDPOD, all my family members, my class mates, teacher and my community aspire me to establish in life.

Loans are disbursed from three sources—Group Savings, Project Assistance Fund and other agencies. As informed, so far 4 loans have been arranged for the members from the external sources (3 from social Welfare and 1 from Department of Women Affairs), each @10,000 Taka. Only 3 women/girls received loan, 2 in City Corporation and 1 in East Gumdondi, each @ 5,000 taka. Like skills training, there is an increasing demand and requirement for credit by the beneficiaries and the project not been able to meet that.

Utilizing the loan and skills training (supported by project or from family or other sources); PWDs are operating different types of IGAs. Our sample survey suggests that 48% members are operating IGAs and providing livelihood support to their family (Table 4.14). This is 8% higher than the members involved in IGA during Baseline. Across the kinds of disability involvement in operation of IGAs ranged from 33% members to 44% members and across the area it ranged from 29% members (East Gumdondi) to 50% (City Corporation). It is assumed that rest are not involved in any income generating activities, either they are totally dependent on family (unemployed), too old to continue working, or begging or involved any kind of job. Some are involved in begging and felt shy to mention their occupation. Some 50% female members are engaged in operating IGAs, cent percent in City Corporation, 50% in West Gumdondi and only 22% in East Gumdondi.

Table 4.14: Involvement of PWDs in IGA (%)

Type of Disability	City Corporation		East Gomdondi		West Gomdondi		Total	
	Member	% Total	Member	% Total	Member	% Total	Member	% Total
Visual Impaired	1	100	2	66	0	0	3	50
Physical disabled	3	66	3	66	2	50	9	56
Hearing and Speech	2	100	0	0	2	50	4	44
Intellectual disabled	1	50	0	0	1	50	2	33
Multiple disable	-	-	1	100	0	0	1	33
All	7	58	6	43	5	36	19	48
Female Member	5	100	2	22	4	50	11	50

The important types of IGAs being operated by them are:

- Vegetables cultivation
- Tailoring
- Goat Rearing
- Mat making

Case: Ananda Bikash Chowdhury

Ananda Bikash Cowdhruy (34) of East Gomdondi of Boalkhali Upazila met an accident on the rail line over the railway bridge on the river Karnafuli on 1997 when he was only 21. He was very tall and very handsome. After passing SSC, he got admitted in a college in Chittagong city and used to come home in the village during vacations. One noon in such a vacation, he was passing the bridge on the rail line. Suddenly a train appeared very close to him and after that he found him in a bed of a hospital in Chittagong city. After passing almost one year in the hospital, he arrived home without his two legs. "Instead of note book and pen in his hands", as he said, "I had to hold two wooden crutches at this stage of my life. That was, I thought, end of my dream and dream of my parents". But life goes on.

Though he could not attend formal classes for studying, but he started reading the books of his younger brother and appeared in the exam. He also begun privately teaching others especially the dropped out children/adolescents and in most cases without any fees. But his father faced extreme difficulty in managing cost for his treatment. He then planned to cultivate agricultural land on share cropping basis.

In order to translate his plan, he took lease of some amount of land from local land owner and started farming, and contributing to his family. Meanwhile he got in contact with BPKS. At present he is a successful farmer in Boalkhali area and growing rice and fish. Amanda is now a proud father of one child. An active, busy and successful farmer, he does care very little that he is a PWD. He is the President of DPOD Chittagong, moves anywhere to establish the right of the PWDs, from local UP chairmen to Upazila chairman, UNO, Officer in charge, Bus owner associations and where not .He is thankful to BPKS and its hard working sincere staff members. He always thinks about the welfare of the PWDs in his Boalkhali area, and those of the entire county. He is still nostalgic about his accident and requests others to be watching the train carefully while passing the railway bridge. He said, "I am son of railway staff, and train has caused lot of trouble to me. But, I will never surrender to the accident."

Therapy and Assistive Device: The project on its own and through referral system provides therapy to the beneficiaries in the project area. 36% PWDs in W.Gumdondi, 14% PWDs in E.Gumdondi and 12% in City Corporation were provided with therapy services (Table 4.15), Overall 23% of the total respondents, received the services during the project period. Except Intellectually disabled persons, all categories of PWDs were provided with Therapy treatments at varying degrees, maximum recipients of therapy services were Multiple PWDs and minimum were Hearing cum speech disabled (11%), of course other than Intellectual (who did not receive at all). Women were found relatively privileged in receiving Therapy.

4.15: Therapy Provided to PWDs

Type of Disability	City Corporation		East Gomdondi		West Gomdondi		Total	
	Member	% Total	Member	% Total	Member	% Total	Member	% Total
Visually	0	0	0	0	1	50	1	17
Physical	2	33	1	16	2	50	5	31
Hearing and Speech	0	0	0	0	1	25	1	11
Intellectual	0	0	0	0	0	0	0	0
Multiple	0	0	1	100	1	50	2	66
All	2	12	2	14	5	36	9	23
Female	5	100	3	33	3	38	11	50

It needs to be mentioned that Therapists from Dhaka office used to visit project sites occasionally with prior notice and arranged providing therapy to the beneficiaries or referring the PWDs to specialized clinics/hospitals of government and NGOs. They

arranged special camps in suitable places. Very recently, project has organized Therapy Training for two local youths (one male and one female) and deployed them to project office, one at Boalkhali newly constructed office and other at rented City Corporation branch/centre office.

The project also provided assistive devices such as wheel chairs, crutch, white cane, optical glass etc. Only about 4% of the total PWDs used different kinds of device during Baseline, and at present 38% beneficiaries use devices. Compared to their counterparts; women members received lesser assistive services (Table 4.16).

4.16: Use of Assistive Device

Type of Disable People	City Corporation		East Gomdondi		West Gomdondi		Total	
	Member	% Total	Member	% Total	Member	% Total	Member	% Total
Visually	0	0	1	33	1	50	2	33
Physical	3	50	3	50	2	50	8	50
Hearing and Speech	0	0	2	67	2	50	4	36
Intellectual	0	0	0	0	0	0	0	0
Multiple	0	0	0	0	1	50	1	33
All	3	25	6	84	6	84	15	38
Female	2	40	4	44	0	0	6	27
Situation at Baseline*		4		4		4		4

* *Source: Baseline Report*

The consultant/survey team has observed some wheel chairs and other devices. The wheel chairs were either partially or fully out of order and other were not found in perfect order. They are poorly maintained and looked as medium quality. As learnt, most of the assistive devices are produced and supplied by the production centre located at BPKS HQs in Dhaka, and a small quantity from outside market.

Some of the beneficiaries mentioned poor follow up/compliance of therapy and usages of devices by both the incumbent beneficiaries and project staff. The demand/need for therapy and assistive device is ever increasing. The project has not been able to cope with that.

Participation in Cultural Activities: Through increased encouragement of the project, the target groups participate in various cultural activities (music, drama, sports etc) and observance of special national and international day including international disability day. The Table 4.17 shows that overall 58% target beneficiaries participated in one or more cultural programmes, highest members form City Corporation (75%) and lowest from West Gumdondi (43%). Disability wise, all categories of PWDDs participated in such programmes, mostly by Multiple disabled ones, closely followed by Intellectual disabled and lowest by Visually Impaired.

Each project area has a cultural team, and there is a central cultural team, altogether 4, comprised entirely by the PWDs and they themselves usually compose and perform the show (music, dance or drama including street drama) where people from all walks of life (including local high ups and NGO-GO officials) attend and enjoy their performance. They participated in two programs of Bangladesh Television telecasting issues of PWDs and one competition in a private TV channel (Bangla Vision). As informed, they have observed the important days like Disability Day (3), Women's Day (2), Independence Day (2), and International Language Day (2). They have so far arranged 5 Cultural Programmes comprising:

- 1 Solo songs
2. Chorus
3. Local song
4. Dance
5. Five Street Drama (based on practical lives of PWDs without any manuscript)

In the rallies of day observance, not only the group members, the parents, community and GO-NGO officials also join with them. Women were still in the rear seat in participation of cultural programmes.

4.17: Participation in cultural activities by PWDs

Type	City Corporation		East Gomdondi		West Gomdondi		Total	
	Member	% Total	Member	% Total	Member	% Total	Member	% Total
Visual	0	0	1	33	1	50	2	33
Physical	4	66	4	66	2	50	10	63
Hearing and Speech	2	100	2	66	1	25	5	31
Intellectual	2	66	1	100	1	50	4	66
Multiple	0	0	1	100	1	50	2	67
All	8	75	9	64	6	43	23	58
Female	5	100	2	22	2	25	9	41

Other Facilities/Service: About one-fifth mentioned receiving disability allowances and few of them about Old age Allowance, mainly due to assistance and persuasion of the project. In order to make the group self-propelled since formation of the group, the project without doing the group level activities help the group member maintain all the group level activities like writing group resolution, maintain accounts, conducting group meeting all the activities, of course as a phased manner. This is not only a rare but also very effective approach towards sustainability.

The newly constructed office at Boalkhali is yet to be making functional. However, overall the office looked very much disabled friendly; it is spacious, has good ramp to enter, the electric switches and water taps and basins are fitted in the range of common PWDs (relatively lower). We saw people started coming to the office for therapy/treatment.

4.5 Perceived/Observed changes

The respondents, mostly in presence of their family members, were asked about the changes they perceive, feel and observe on the attitude, acceptance, awareness, confidence/dignity and mobility/exposure.

Change of Attitude: Before commencement of the project, as shown in Table 4.18, majority of the community people's and family members' attitude was negative, very few positive and none possessed very positive attitude towards PWDs. Now the situation is almost reverse, thanks to the hard work and continued efforts of project staff. Of the total family members, 20% claimed to be very positive and 80% positive, while none were found to have negative attitude.

Quite opposite to the past, the situation has changed remarkably in the community also. Overall findings suggest that while majority (93%) in the past were negative towards PWD, an upside down scenario is observed now with majority PWDs (86%) claimed to enjoy positive attitude from community and 7% very positive attitude, and still equal proportion of people (7%) are negative too. This suggests that though big change took place as regards attitude of the community, still lot of works in the form of awareness development and sensitization through motivation, lobbying and advocacy are to be carried out to change their mindset and prejudices.

4.18: Change of Attitude of Family and Community towards PWDs (in percent)

Level of Change	City Corporation		East Gomdondi		West Gomdondi		Total	
	Before	Present	Before	Present	Before	Present	Before	Present
A. Family								
Very Positive	0	17	0	0	0	21	0	20
Positive	17	83	0	100	21	79	20	80
Negative	83	0	100	0	79	0	80	0
B. Community	0	0	0	0	0	0	0	0
Very Positive	0	0	0	7	0	7	0	7
Positive	0	100	7	93	21	86	7	86
Negative	100	0	93	0	79	7	93	7
All	100	100	100	100	100	100	100	100

Awareness about the issues of disabilities and development of PWDs, according to the sampled respondents, has found to be positively changed at the two levels, with little variation across the project areas (Table 4.19). Change of awareness at family level, like that of the attitude, is relatively better at family level compared to that of community level. At family level, 93% respondents mentioned that it changed positively and of them 23% mentioned that it increased significantly. In case of Community, the awareness level has increased by 85% (including significant increase by 15%). About 7% respondents informed that family members are maintaining status quo (in terms of awareness), while the corresponding figure at Community level is 15% indicating among others that though situation is changing still there are room for developing awareness and sensitization, at both community and family levels.

Table 4.19: Change in Awareness at Family and Community Levels (%)

Level of Change	City Corporation	East Domondi	West Demondi	Total
A. Family				
Significantly Increased	17	14	43	23
Increased	66	86	50	70
Status quo Maintained	17	0	7	7
B Community				
Significantly Increased	8	7	28	15
Increased	76	79	58	70
Status quo Maintained	16	14	14	15
All	100	100	100	100

Acceptance by Community: Like the change in attitude and increase of awareness, overall acceptance of PWDs by the community has increased according to 87% respondents, highest in East Gumdondi (93%), closely followed by city corporation (92%), and relatively at a lower rate in West Gumdond (78%). However, as Table 4.20 depicts, 13% respondents believe that no change took place in acceptance of disability (status quo is being maintained).

Table 4.20: Acceptance by Community (%)

Extent of Acceptance	City Corporation	East Domondi	West Demondi	Total
Significantly Increased		14	7	7
Increased	92	79	71	80
Status Quo Maintained	8	7	22	13
All	100	100	100	100

Exposure/Mobility: The respondents were asked to rank their past and present exposure/ movement status from the options of poor, good and excellent (Table 4.21). Of the total (40), twenty six interviewees answered and remainder had difficulty to answer the question. Those who answered indicated that movement/exposure of the target groups improved remarkably. In the past 80% considered the movement status

as poor and 20% as good, presently only 4% consider it as poor, 81% good and remaining 16 rank it as excellent. Among others, these findings indicate that the PWDs now feel much more comfortable to move outside home which was earlier very difficult and embarrassing too. Situation in terms of Mobility/exposure of women has also increased, a little more than that of the males.

Table 4.21: Status of mobility/exposure

Rank	City Corporation		East Gomdondi		West Gomdondi		Total		Female	
	Before	Present	Before	Present	Before	Present	Before	Present	Before	Present
Poor	57	14	92		86		80	4	85	0
Good	43	58	8	1921	14	86	20	80	15	90
Excellent	0	28	0	81	0	14	0	16	0	10
All	100	100	100	100	100	100	100	100	100	

Confidence/Dignity: Majority of the respondents of all the project areas claimed increase of their confidence and dignity during the project period. Overall 50% claimed a moderate increase, 25% significant increase and 20% poor increase of their dignity while 5% said that it remained unchanged (Table 4.22). The rate of increase is found best in East Gumdondi where none is maintaining status quo, followed by West Gumdondi. The table also shows that confidence of women has increased at a higher rate if compared with male.

Table 4.22: Change of Dignity/Confidence

Type	City Corporation	East Domondi	West Demondi	Total	Female
Significantly Increased	17	14	42	25	23
Moderately Increased	41	72	37	50	50
Poorly Increased	34	14	14	20	27
Status quo Maintained	8	0	7	5	10
All	100	100	100	100	100

Summarized, the positive change in family and community in terms of attitude, increasingly sensitized about the disability issues, increased acceptance by community and family and increased mobility and enhancement of confidence together made the PWDs politically, socially powerful than ever before. Their access to facilities and resources has increased manifold and they now in a group or individually can go to high ups for establishing their rights in most cases without any hindrance, and their voices are now heard by many.

Family Income and Contribution of PWDs: Average monthly family income of the total sampled members has increased from Taka 4,825 to Taka 5849 (increase of some 21%) during the project period. Contribution of PWDs towards family income has increased by 29% (from Taka 3100 per month to Taka 4000 a month). Number of PWDs contributing to family income has also increased. There were 25 members in the beginning of the project and the corresponding figure is 28 now. Average monthly income of the female PWDs and contribution of them towards family income has also increased at a satisfactory level (Table 4.23).

Table 4.23: Average Monthly Income of the families and participation of PWDs

Area	Average Family Income (Taka)		Member			
			Average Income (Taka)		contributing to family Income	
	Before	Present	Before	Present	Before	Present
City Corporation	5416	6297	3500	4000	7	8
East	3000	3670	2500	3000	8	10
West	5000	5400	4000	4500	7	10
All	4825	5849	3100	4000	25	28
Female PWDs	4000	5500	3000	4200	15	18

Relative economic solvency compared to before PSID situation, coupled with sociopolitical empowerment, the PWDs in the area are now more united and empowered.

Partnership and networking: The project has developed commending network and partnership with the concerned people and organization including GDPOD and DPOD. The important activities performed to this effect include:

1. GO-NGO meeting (1)
2. Workshop with local journalist (2-one in City corporation and one in Boalkhali)
3. School Management Committee (SMC) Meeting (11), Boalkhali 5 and City corporation 6
4. Ward level meeting (27- Boalkhali 18, City Corporation 9)
5. Physician Orientation Meeting (1)

The consultant also observed some changes and reflections at field level of the Network, Partnership and related advocacy and motivational programmes of the project. For example, the UNO (Upazila Nirbahi Officer) and Police station of Boalkhali talked very highly of the programmes and performances of BPKS. They also informed about their active cooperation so far and assured of their cooperation to the organization in future. The UNO appreciated highly and ranked BPKS as the best organization in the area. Inspired by the effectiveness and necessity of ramps constructed by the project, he himself developed one ramp in the Upazila Office.

Case: UNO Sensitized

Upazila Nirbahi Officer Mr. Rabindra Sri Barua is of the opinion that BPKS is implementing an excellent programme. In fact, BPKS was instrumental in sensitizing him regarding disability issues. As a result, he took initiatives to make his office disability-friendly. In the ground floor of the Upazila Complex, using money from public exchequer, he constructed ramp and slopes to facilitate the wheel chair users moving from one corner to the other in the ground floor.

According to UNO, it is worth investing donor money in such projects of BPKS. It is simply the best. There is no overlapping problem in the target area of BPKS with any other organization dealing with disability issue. Target group members are very happy too.

There is another example of good cooperation. The local rent seekers were asking for money and disturbing the project at the initial stage of construction of office building at Boalkhali. The project staff members have been able to handle the problem successfully as well as peacefully mainly because of having cordial formal and informal relations with District and Upazila administrations, political and social personalities, other NGOs in the localities.

4.6 Special Comments of the beneficiaries on the Project

The consultant team also collected opinions of the stakeholders especially on the weaknesses, continuation and their further needs/demands. Those are summarized in the Table 4.24. It should be noted that the respondents were not articulate in giving opinions on the overall performance and sustainability of the project, and some did not provide any comment.

Table 4.24: Opinions of the sampled beneficiaries

Serial	Comments	Frequency		
		Female	Male	Total
1	Doctors (therapists) should behave well and be regular	3 (14%)	1 (5%)	4 (10%)
2	More Assistive Device and Therapy needed	6 (28%)	4 (22%)	10 (25%)
3	More skills training needed	7 (32%)	5 (28%)	12 (30%)
4	More credit and IGA support needed	6 (27%)	6 (33%)	10 (25%)
5	Project should continue	15 (68%)	7 (39%)	22 (55%)

The table indicates there are demands for or needs of skills training, credit and IGA support as well as assistive devices and therapy. Most importantly more than sampled members feel that the project should continue for more periods.

In addition to the above, few of them demanded more education support, some complained about irregular visits of project staff and poor communication of information down to grassroots level, demand for training for signing language and increased advocacy at all level particularly at schools.

4.7 Project Initiatives towards sustainability

The project is working with a very marginalized, vulnerable and neglected people in the society, in a relatively disadvantaged area and for a shorter period of time with a very high ambition of making the project moving forward on its own. Under this backdrop, the project has undertaken the following initiatives, but not limited to:

1. Transferring most management and maintenance responsibilities to the groups (GDPOP), by phases of course, starting from writing group meeting minutes to opening and maintaining their own bank account.
2. Carrying out awareness/lobbying and orientation programmes about PWDs and issues related to disability for confidence building and enhancing self-respect of PWDs and changing attitude of the parents and community
3. Completing major formalities including registration of PSID (Chittagong DPOD) from dedicated authority at local level
4. Providing training to both project staff and beneficiaries to increase their capacities
5. Mobilizing and generating local resource (savings, for example) to provide credit and IGA support activities (including skills training) for the beneficiaries
6. Developing interaction/network, partnership and collaboration with all concerned for increasing visibility of the project, ensure cooperation and utilizing opportunities, and develop the social capital of the project beneficiaries.
7. Implementing cultural, social and economic development programmes
8. Providing training and recruiting local staff for extending therapy services
9. Deploying one Fund Raising staff for local resource mobilization
10. Constructing own office building
11. Submitting one proposal for continued support of another 10 months
12. Submitting application for membership of NAPAD

Though not all were implemented at a full and fast track, but majority were successful and effective if considered the situation of the project area, the target beneficiaries and most importantly the duration of the project. One important reason for small gaps and shortages of the project in achieving its objective may be attributed to relatively poor salary and benefit of the project staff in comparison to other NGOs (working in the field). And by any standard, the project duration is shorter to attain the sustainability of the project, even if it is compared with periods of other PSID so far implemented by BPKS. As informed, in other PSID area of BPKS, the PSIDs are implemented in 3 years; the duration of Chittagong PSID was just half. With all these hurdles, the progress could be termed as satisfactory

5. Analysis of Results, Conclusions and Recommendations

The following sections describe the effects and results of the project **Chittagong Persons with Disabilities Self-Initiatives to Development (PSID)** in terms of Effectiveness, Efficiency, Appropriateness, Impact and Suitability, as outlined in the ToR. A set of Conclusions and Recommendations are chalked out based on all these observations and findings.

5.1 Analysis of Results

Effectiveness: The overall objective being PWDs are socially and politically empowered, the specific objectives are that the Basic needs of the PWDs addressed, Human rights Ensured and Status improved. Previous discussions suggest that the project has been largely successful in achieving the overall and specific objectives of the project.

The project through a host of activities (like group formation and development, capacity development and skills development training, saving mobilization, IGA and credit support, provision of therapy and assistive devices, networking and partnership, awareness development, access to education etc) has to a great extent been able to address the basic needs of the target population, the PWDs in the project areas, helped understand and to some extent ensure the human rights situation and improved their overall status in the family and the community as well, and finally empowered them. These people before formation of GDPOD were isolated and confined at home with no or limited exposure and mobility, always discriminated and their voices unheard; whereas now they are united, know each other and the community, and gained the courage to talk about their rights.

The important factors behind their achievements include: creation and existence of an organization of their own (the GDPOD) to know each other and share their ideas and feelings, the family and the community is simultaneously motivated, partnership and network with relevant organizations and individuals are established, they are capacitated, thanks to the hard work of the staff both at HQs and the field.

Appropriateness/Relevance: Most of the project activities and strategies followed by PSID in achieving the project goal and objectives were found appropriate and relevant so far the needs and contexts of the beneficiaries are concerned. The beneficiaries are the most marginalized and vulnerable people in the society, they are the poorest people of today and the poorest of tomorrow, and the project area was found very poor, having no overlap with other similar project. Since inception, as an overall approach, the project has pursuing development of the target people, both individually and as a group (jointly), and developing social capital through linking with local bodies and facilities. Starting from planning to implementation and follow up of any activity was very much participatory in nature.

With few exceptions the service delivered, both soft and hard ones were very much suitable for the target beneficiaries. The office building, with ramp and other fitting arrangements and facilities, are simply PWDs friendly. Most of the ramps developed in the project areas are appropriate; the latrines are user-friendly, though the maintenance level is not upto the mark. Despite some reservations about the quality, the assistive devices are locally made and generally suitable. The duration of the project in reference to the question of sustainability seemed inadequate. The appropriate time of handing over should be at least 3 years.

Efficiency: Most of the project targets were achieved in time; some of them well in advance too. There were 854 direct target beneficiaries in 27 GDPOD and including indirect ones the total beneficiaries include 1380. With 3 staff members at grassroots level (Facilitators) for beneficiaries comprising PWDs, their parents, community etc it seems that human resources were efficiently utilized, or over utilized. The workload has definitely increased with the withdrawal of one Facilitator in recent days from the field. The deployment of two local Therapist (after training from HQs) and one fund raising person will hopefully improve the over performance and efficiency of the project.

Impact: The project has definitely created a host of positive impacts among the direct target groups and the other stakeholders. The important ones are increased access to facilities and basic needs, confidence and dignity, mobilization of local resources (savings in particular), increase in income, exposure and mobility, creating positive attitudes among family members and community, increase in awareness at all level, etc

The target group members, compared to their baseline situation, are now living in their own house in large number; almost all members have access to safe water compared to 75% in the baseline; none defecates in the open space against some 25% before; access education, which as a very difficult venture in the past is on the rise; access to avail the services of therapy and assistive device has increased significantly. The drop rate of CWD from school has reduced and those dropped out earlier are planning to go to school anew.

Against total or overwhelming confinement at home in the past, mobility of PWDs has increased notably. They now participate in local and national level cultural programmes including those of Television. They write their meeting minutes, open and maintain their own bank account. They are more accepted in the community, schools and offices. They have started raising their voices and those seldom go unheard.

Income of the concerned families and the PWDS is increasing, so the contribution of themselves. Though not a large number, they have started involved in IGA through utilizing the savings they are depositing, availing credit from the project fund and other sources, and skills training received from different sources with the support of the project. The people who never thought of having their own savings, now some of them including women (18%) are saving @taka 12-13, and average saving is accumulated at Taka 5,000.

Attitude of both family and community toward the PWDs has changed towards a positive direction, and so the century- old mind set of the people (full of prejudices). Awareness of people (at family and community levels) about various issues of disabilities including their rights has significantly increased.

The project was able to creating effective demand for skills development training, fund for credit and other IGA support activities. The beneficiaries now do not like to sit idle and live at the mercy of others. It has enhanced the dignity and self respect of the beneficiaries manifold.

Women and girls are moving hand in hand with their counterparts, have due contribution in creating and attaining the benefits, moving up ward hand in hand with their counterparts. Most importantly, a total of some 850 persons with different types of disability, now have the organization developed and managed by them; they now know each other, share their happiness and pains, failures and success; and trying best to moving forward towards sustainability.

Viability/Sustainability: Though, by any standard, the duration of the project was relatively shorter to make the beneficiaries and their activities continue on their own, still some signs of sustainability are visible. It is therefore believed that for moving forward

and keeping the pace of development of the Chittagong PSID, supports and cooperation of BPKS will require for sometime more.

The target members have been capacitated not only on Disability issues but also on management of an organization (of the PWDs) thus enabling them to be self-sufficient. The project beneficiaries now have their own organizations (GDPOD) with the Executive Committees; have an apex body with Executive committee too at district Level (DPOD) duly registered with concerned local authority. The members are found active and enthusiastic, and very keen to proceed further. The PSID and a good number of members have established network and interaction with local representatives and administration, resource organizations and NGOs. Despite a long way to go, the increased awareness and positive changes of attitude, acceptance of the beneficiaries by family and community levels, the confidence developed among the PWDs, etc are undoubtedly signs of sustainability of the project activities.

The project has trained two local persons on therapy and deployed them in the project. One woman has been recruited to mobilize funds for operation of the PSID activities. It has already established its own office. However, one project staff (Facilitator) has been withdrawn recently and delay in replacement affecting field activities.

Though not adequate enough but most of these above steps can be considered as actions towards sustainability at project level.

5.2 Conclusions and Recommendations

5.2.1 Conclusions

The central theme of PSID is to develop grassroots organizations (called GDPOD) of the target groups---the persons with disabilities with an apex body (named DPOD) in the 'Seeding' process over a period of 3 years; and after that PSID operates on its own. The Chittagong PSID was implemented only in 18 months (about half of the stipulated "Seeding" time) having the same objective of functioning independently. Summarily speaking, the Chittagong PSID, even with the shorter period of time, is by and large a successful one. The project has undertaken a host of appreciating initiatives to make the activities sustainable

The activities selected and undertaken to achieve the objective were found effective and appropriate. The methods and strategies applied in this PSID, starting from GDPOD formation up to development of DPOD and in other interventions, were once again proved to be effective and relevant, and conducive towards sustainability of the project. The main features and accomplishments to this effect include the following.

The project has been able to a great extent to sensitize the direct target groups and secondary target groups like the family, the community and duty bearers including school teachers about the issues related to disability. The people are aware about the disability and attitudes of the people are positive now towards PWDs than ever before, and acceptability of them have enhanced. The dignity and self esteem of target people is higher than any time.

The access of PWDs to better housing, drinking water, sanitary latrines and education has increased significantly. The families with PWDs have increased income before, even the contribution of the PWDs have notably increased as more number are now involved in IGAs, thanks to the provisions of credit and skills training. The demand for skills development training and credit is ever increasing. These people for the first lime in their lives are saving money, depositing the money to bank where they have their own account. To them having their own savings and own bank account in a bank far from

the home was simply an impossibility. All these are accomplished within 19 months and two-thirds of the total members have association of one year maximum.

However, there are some issues of concern (weaknesses and limitations of the project). Those include:

1. Though there is good on-site monitoring (rather supervision) of the project, it is relatively weak in off-site (written) monitoring and data organization and management. The project also lack required data organizing and managing skills.
2. Vacancy of one Facilitator may affect the supervision and overall performance of project activities.
3. Compared to the demand, the project has not been successful in providing adequate credit and skills training of the target group.
4. Likewise there are unmet demands of therapy and assistive device.
5. A good number of members have not yet started depositing savings.
6. Some families and community people are still maintaining status quo in terms of attitude and awareness about issues of disability, some still cannot accept the PWDs
7. The benefit package provided to the staff is not in commensurate with the staff work in similar organizations. The staff members are working in a city where the cost of living is very high, and target groups are very different.

5.2.2 Recommendations

1. Training for target groups and staff as well should continue along with refreshers' one.
2. Network and partnership with concerned individuals and agencies should continue and if possible be strengthened
3. Monitoring, especially off-site monitoring, should be introduced/improved
4. Vacant position of one Facilitator should be immediately filled in. If otherwise feasible, salary and benefits of staff should be made commensurate to other organizations
5. Target group should be motivated and facilitated to save and increasingly involved in IGA. Explore more to provide credit and income generating supports including skills training.
6. More therapy services and assistive devices should be provided with regular follow up.
7. As the project has been implemented for shorter period that generally stipulated for other PSID, the Chittagong PSID should be especially supported and overseen by BPKS for some period of time. The project supported by BPKS for continued support of 10 months may be approved.

Annex 1: List of Persons Met

1. Rabindra Sri Barua, Upazilla Nirbahi Officer, Boalkhali, Chittagong
2. Md. Shah Alam, S.I. Bohalkhali Thana
3. Md. Aminul Islam, S.I. Bohalkhali
4. Mr. Kawsar Uddin, Director Chittagong DPOD
5. Ms. Soma Chowdhury, Therapy Provider, Chittagong DPOD
6. Mr. Jahangir Alam, Therapy Provider, Chittagong DPOD
7. Ms. Gihan Sharmin, Assistant Coordinator, Chittagong DPOD
8. Mr. Rayhan Mahmud, Facilitator, Chittagong DPOD
9. Mr. Tipu Chakma, Facilitator, Chittagong DPOD
10. Mr. Parvaiz, Visually Impaired
11. Mr. Bhola Kumar Nath, Secretary, Chittagong DPOD
12. Mr. Ananda Bikash Choudhury, President, Chittagong DPOD
13. Ms. Jesmin Akter, Hearing impaired
14. Mr. Aslam Ahamed, Speech Impaired
15. Md. Shohel, Physically Challenged
16. Ms. Jahanara Akter, EC Member
17. Ms. Zanrina Begum, Primary Member & Physically Challenged
18. Ms. Minu Akter, Woman Member, Visually Impaired
19. Mr. Sorowar, Physically Challenged
20. Mr. Ahamed Safa, Ward President
21. Mr. Siddique Ahmed, Physically Challenged
22. Md. Arman Hosain, Learner, Visually Impaired
23. Md. Akber Ali, EC Member, Chittagong DPOD
24. Mr. Kausar Uddin, Director, Chittagong DPOD

Annex-2 – Degree of Implementation of Chittagong PSID against Targets and expected results

Expected results

Result A: People with disabilities self-help organizations are developed and strengthened in the working area

Result B: Economic activities and the creation of employment opportunities are promoted and increased.

Result C: Effective participation, collaboration & coordination between BPKS, Disabled People Organizations & local government structures are ensured.

Result D: Provision and access to adequate health services for persons with disabilities is ensured.

Result E: Integration of children with disabilities into educational system is promoted.

Result F: Project is successfully managed.

Verifiable indicators for Result A

- Major project services taken over by the 1 local Disabled Peoples' Organisation (DPO) formed at district level with at least 27 Grassroots Disabled Peoples' Organisation (GDPO) and registered with the Government by the end of the project.
- 1 DPO's General and Executive Councils are formed and operational in the project area.
- Women With Disabilities (WWDs) hold at least 40% of elected positions in DPO and have equal participation and opportunities in programs and services.

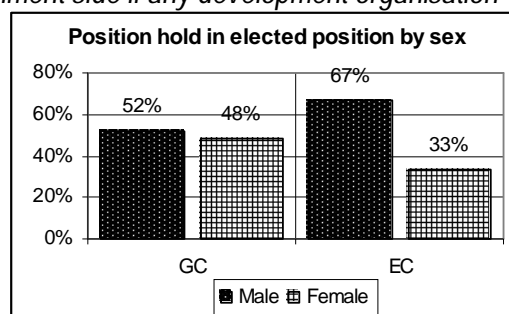
Achievement of the indicators

- Government registration is mandatory for any development organization which wishes to work in the respective area. Therefore, Chittagong-DPOD applied for getting registration in March 2009 from Social Welfare Department of the Government of People's Republic of Bangladesh.

Prior that, 27 GDPODs (self-help grassroots organizations) developed to united and organized PWDs of the area. The services/support given through local DPOD (Chittagong-DPOD) include: training, assistive devices and referral services, formed and strengthen GDPOD, saving & loan disbursement mechanism, income generation fund related training, etc. Constitution of Chittagong-DPOD **SOV: 3.a**

- 9 members (M: 6 F: 3) Executive Council formed in February 2009 through an election, held in Chittagong PSID center, where local elite members presented to observe the election. This council is the apex body of the organisation and responsible to execute executive decision. Prior to 27 members (M: 14, F: 13) General Council formed in January '09 at Chittagong-PSID center followed by an election. *Note: General council and Executive council is mandatory from the government side if any development organisation wants to get registration.*

- In the Chittagong-DPOD at the General Council level there are 14 (48%) out of 27 members and at the Executive council level 3 (33%) out of 9



<ul style="list-style-type: none"> ▪ Construct accessible Training and Resource Centre (TRC) at a suitable location under project area for use by PWDs and their families by the end of the project and improve beautification of national training center. 	<p>members are female. See figure the in last page. There are total 13 out of 27 management committee members are female that ensures WWDs participation and opportunity at management level at least 35% participation in service delivery and opportunities.</p> <ul style="list-style-type: none"> ▪ 2799.02 square feet (6.425 decimal) accessible Training and Resource Center is under constructing on 3485 sq. feet (8 decimal) land from the month of June 2009. This center will be handed over to Chittagong-DPOD and its PWDs members after completion of the construction. The building will be used as Chittagong-DPOD office, Training and information center for PWDs, and it will become a focal point of PWDs development of the area.
<p>Verifiable indicators for Result B</p> <ul style="list-style-type: none"> ▪ 200 PWDs under project received economic supports for Income Generating Activities (IGA) by the end of the project. (First year 54 and second year 54) (it was written mistake) ▪ Economic supports recovery rates by PWDs is at least 95% by the end of the project. 	<p>Achievement of the indicators</p> <ul style="list-style-type: none"> ▪ Total 189 PWDs (M: 100, F: 89) received income generating activities support like: IGA training, loan, advice/mentoring etc. during the project period. Before that 150 PWDs were accessed for IGA support through the GDPOD weekly meeting with open discussion. PWDs engaged with IGA like: grocery shops, poultry, cow & goat rearing, vegetable cultivation, small business (tea stall, handicrafts, and vegetable trade), tailoring, etc. The following support provided among 189 PWDs to promote PWDs to engage on income generating activities: <ul style="list-style-type: none"> ✓ 54 PWDs (M: 23, F: 31) received home based IGA skill training; ✓ 25 PWDs (M: 16, F: 9) received technical knowledge & training support for community based IGA skill; ✓ PWDs 10 (M: 8, F: 2) PWDs received the training from government and non-government institutions through referral support of Chittagong-PSID center during the project period for institution based IGA skill; and ✓ Loan support provided among 100 cross PWDs (M: 53, F: 47) from Program Accelerating Fund for small business initiative. <p>IGA are implemented by respective PWDs, project staffs and GDPOD members provided facilitation support in the initial stages if it is necessary.</p> <p>Follow up visit: Through the weekly GDPOD meeting and visit to the IGA by project staff.</p> <ul style="list-style-type: none"> ▪ Loan support provided among 100 cross PWDs (M: 53, F: 47) from Program Accelerating Fund for small business initiative with 91% recovery rate through a small installment (installment depend on received credit amount). Rest of 4% did not yet recover due to some problems of their business but they ensured all the installment will be pay gradually. <i>Type of business PWDs engaged:</i> Grocery shop, Poultry Farming, Cattle rearing, vegetable traders, tee stall, tailoring, Handicraft, etc.

<ul style="list-style-type: none"> ▪ 100 out of an estimated 1080 PWDs is engaged in entrepreneurial activities and jobs by the end of the project. ▪ Prospective local employers reached by project's activities to created awareness about PWDs' employment. 	<ul style="list-style-type: none"> ▪ Total 137 PWDs (M: 73, F: 64) PWDs are engaged in different entrepreneurial activities like: small business, handicraft, vegetable garnering, cattle rearing, etc. <i>For more details see: Activities B2.1, B2.2, & B2.3 under the part 7.</i> ▪ Over 21 prospective local and central employers reached/ visited during the project period in order to create awareness about PWDs employment. The prospecting employers including: District Commissioner (DC), Chittagong City Corporation, District social welfare/agriculture/ education/livelihood officers, Health Department, Information Department, Women Affairs Department, Youth department, and local businesses organizations. <i>For more details see: Activities C1 & C2 under the part 7.</i>
<p>Verifiable indicators for Result C:</p> <ul style="list-style-type: none"> ▪ Active and effective participation by representatives of Disabled Peoples Organisations in Government established District Welfare Committees and sub-district NGO Coordination Committee meetings in the project area end of the project ▪ Two (2) PWDs from project area are elected as representatives to the National Council of BPKS by the end of the third year/end of the project. ▪ Number of effective activities implemented in collaboration 	<p>Achievement of the indicators</p> <ul style="list-style-type: none"> ▪ Chittagong-DPOD is now affiliated members of the following committee and networks at both national and local level: <ul style="list-style-type: none"> a. District NGO coordination committee; b. Sub-district (upazila) NGO coordination committee; c. Sub-district disability welfare committee. Chittagong-DPOD is playing proactive role for betterment of PWDs of the area through sharing practical knowledge and information/data. For that reason, disabled people participation in the government decision making structure had become a reality at district level. All committees and networks are the high authority of decision making of respective area. So, active participation as PWDs' organization means their have a pace to share their opinions and opportunity to raise their rights to contribute in the mainstream development process. Affiliation as representative of PWDs organization in these forum treated as achievement of the project. <i>Note: Here may note that after CDPOD registered by Government then it will be member of the District Welfare Committees of PWDs.</i> Committees meeting minutes enclosed in SOV: 1. ▪ Two (2) PWDs leaders, (1 male and 1 female), selected from the Chittagong-DPOD as representatives of National Council of BPKS in March 2009. In Executive council selected two members for representing in BPKS national council but at least one has to be female as per the Chittagong-DPOD's constitution. From Chittagong-DPOD, Chairman (male) and member (female) selected by Executive council members for representing the organization. BPKS national council meeting held once a year. ▪ 2 National Disability Days, 2 International Disability Days, 2 National Women Day and Education Week were observed by the

<p>with Govt. in the area by the end of project.</p> <ul style="list-style-type: none"> ▪ One international seminar held in February 2008 with 50 participations from 20 countries. ▪ Increased acceptance and interest of PSID approach and increased replication of PSID approach in developing countries with support from donor agencies. 	<p>project beneficiaries with cooperation of BPKS and local government and elites representatives. In addition, Chittagong-PSID actively participated in government initiatives including tree plantation week, Health and Education awareness campaign. These collaboration activities demonstrated the government recognition to the project. <i>For more details please see: Activity C1 under the part 7.</i> See some of the photographic enclosed as soft copy of C1 Run community education campaigns under Annex: 3.</p> <ul style="list-style-type: none"> ▪ Seminar held successfully on 9-14th February 2008 to make clear understanding and awareness of PSID program in order to replicate PSID program in abroad. For this purpose a press conference, 4 field visits, PSID related documents & information of the seminar publication carried out. Report & video CD on the seminar available in project coordinator. One for All: International Seminar report enclosed in SOV: 9. ▪ PSID Worldwide is a branch of BPKS that has been working since November 2008 to replicate PSID in other developing counties of the world as a result of the international seminar. For this purpose, the Chief of PSID Worldwide has been hired from November 2008. BPKS is very eager to start working in the other developing countries to begin the replication of PSID within the next year.
<p>Verifiable indicators for Result D:</p> <ul style="list-style-type: none"> ▪ Incidence of specific disabilities in the community reduced by at least 5% in the project area by the end of project. ▪ 315 PWDs are able to effectively function independently in the area by the end of project. ▪ Percentage of people with disabilities accessing appropriate health services and using effective devices increased by at least 10% in the areas by the end of project. 	<p>Achievement of the indicators</p> <ul style="list-style-type: none"> ▪ It is observed that incidence of disabilities reduced more than 3% through the initiative of awareness program, health camps, referral services, therapy support and etc. 17 PWDs over come their disability partially or fully with the therapy and referral support under the project. <i>For more details see: Activity: D1.1 & D3.3 under the part 7.</i> ▪ For improving independency and increasing mobility of PWDs the project supported assistive devise among 343 (M: 181, F: 162) PWDs. Prior to the need was assessed in the GDPOD (PWDs grassroots organisation) meeting by the members of respective GDPOD members through the open discussion. <i>For more details see: Activity: D2 under the part 7.</i> List of AD recipients enclosed in SOV: 10.a ▪ At the initial period of the project the baseline survey found most of the PWDs could not know how to manage and maintain the assistive devise and where the appropriate health services are provided and what are the right of them (PWDs). This project took initiative to increase the percentage of PWDs accessing appropriate health services and using effective devices by 12% of total 1380 PWDs of the working area (source: survey report) through the following intervention. But this project conducted a 2 days training on "how to manage & maintain assistive devise" among 126 PWDs. <i>For more details see: Activity: D2.11 under part 7.</i>

	<p>The project also organized 2 types of health camps (ENT & intellectual) and provided medical diagnosis and primary medicines support as well as advice given to 30 PWDs to get referral support from appropriate health center. <i>For more details see: Activity: D3 under the part 7.</i></p> <p>Awareness rising intervention also provided a significant role in this regard.</p>
<p>Verifiable indicators for Result E:</p> <ul style="list-style-type: none"> ▪ Enrolment of children with disabilities in local mainstream education increased by at least 40% in the area by the end of project. ▪ Drop-out rate of children with disabilities not higher than community's non-disabled children of the areas by the end of project. 	<p>Achievement of the indicators</p> <ul style="list-style-type: none"> ▪ This project increased CWDs enrolment in the mainstream education. Total 61 PWDs (41% increased in local mainstream education) newly enrolled during the project period. Whereas in the baseline survey (conducted April 2008) 152 CWDs found who did not go to school. <p>And it was interesting finding that only 20 CWDs found (the baseline data) who was the enrolled in school but not regular. This little numbers due to several reasons, like: schools not accessible, teachers of school did not allowed CWDs to enroll in schools, families members not like to invest money on CWDs, sacrificing the education of their CWDs, social obstacle, etc.</p> <p>Among the all newly enrolled CWDs in local mainstream education system the following support provided during the project period:</p> <ul style="list-style-type: none"> ✓ Notebooks and pencils distributed among 42 CWDs; ✓ Referred 9 CWDs for special education; ✓ Provide tuition and nutrition fees among 10 poor and talented students; and ✓ Regular door to door counseling and etc. <p><i>For more details see: Activities E2 under part 7.</i></p> <p>List of CWDs enrolled in schools enclosed in SOV: 12.</p> ▪ These activities also lead to reduce drop out rate from the mainstream education system. For this purpose the project conducted orientation and counseling sessions with school teachers & management committee, counseling with parents of CWDs & their families members, community people and non-PWDs students. As a result no drop-out case found during the project implementation period. <p><i>For more details see: Activities E: 1 under part 7.</i></p>
<p>Verifiable indicators for Result F:</p> <ul style="list-style-type: none"> ▪ Two (2) accurate and comprehensive reports that meet development partner's expectations delivered on time during the project period. ▪ Monthly coordination meetings are held, progresses updated and consulted on right tracking of the project regularly. ▪ Internal monitoring and 	<p>Achievement of the indicators</p> <ul style="list-style-type: none"> ▪ Quarterly reports (6 reports) sent to Cives Mundi. Also, every month (18) monthly financial reports (CONTABANGLADESH). Quarterly reports (6 reports) enclosed in SOV: 5 ▪ Program coordination meeting held in every month at Chittagong-PSID center. Whereas 6 coordination meetings (one month in every quarter) held at the BPKS Complex to develop & ensure planning and reporting flow-up between the national and local levels through. <p>Quarterly coordination meeting minutes enclosed in SOV: 13.</p>

<p>evaluation system functioned effectively throughout the project period.</p>	<ul style="list-style-type: none">▪ 12 times monitoring visits conducted by the BPKS monitoring teams during the project period and provided suggestion for better implementation of the program. Monitoring reports are available at BPKS monitoring section. <p>On the other hand, an evaluation carried out by the end of the project.</p>
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