



DISABILITY

FRIENDLY

VILLAGES

“Our Village the Model Village” Project
Morang District, Nepal
Evaluation Report

ABSTRACT

Aiming to meet needs wider than disability and leprosy in communities, active political engagement and engaging diverse sectors in the community are significant factors contributing to Disability Friendly Villages. The significant role of Disabled Persons Organisations (DPOs) and the increasing visual presence of persons with disability, including leprosy affected people, has increased awareness and attention for disability and leprosy issues in communities. Additionally, recognition of disabled people as not merely receivers of aid but contributors to community development, are factors that have added the relative success of this project. NLR Nepal needs to broaden their perception of disability and include wide categories of impairment to ensure fuller inclusion of target groups. Finally, NLR need to set a good example of a disability friendly environment by removing physical barriers in their own offices.

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EXECUTIVE SUMMARY

This evaluation captured lessons learned from the Our Villages the Model Village (OVMV) and specifically the Disability Friendly Village concept, in Morang District, Nepal. This was done to feed into the further development of NLRs Key Priority Programmes (KPP) and specifically KPP3, the Disability Inclusive Development (DID) programme. Recommendations are given for how NLR Nepal can continue with this model and an example of good practice leading to the Disability Friendly Villages is described.

Relevant NLR documents and useful publications about DID and Advocacy and Lobbying were reviewed. Semi-structured interviews and Focus Group Discussions were undertaken. Field visits were carried out between the 16th December and 21st of December 2017. The NLR Country Office in Kathmandu, Biratnagar field project Office and two rural municipalities, Jante and Keroun in Morang District were visited. Throughout the visit, the evaluation team keenly observed different situations and places, including schools, health posts, child clubs, office buildings of rural municipalities, entrances of all mentioned places (including paths), the offices of NLR Nepal and public buses.

Numerous lessons were gathered from these projects. Principles and processes useful for potential replication in other contexts were identified. Important findings are described below. The most significant lesson learned in this evaluation is the positive impact of meeting the needs of the wider community. Persons with disability¹, including persons affected by leprosy, are credited with these needs being met and it generates considerable community support for them.

Political will and support is crucial as this generates support across wide sectors that are important for sustainability. Furthermore, political support opens doors for representation of persons with disabilities, in broad community sectors, this in turn increases attention and responses to the needs of this group.

Close collaboration of community organisations, with a focus on community needs rather than individual needs, is significant and useful for garnering political support. Delivering relevant training and highlighting the usefulness of Outcome Mapping (OM) with these vital stakeholders has been an effective strategy to ensure appreciation for relevant DID and DFV concepts, inclusive of recognising persons with disabilities as valuable *contributors* to community development.

¹ Throughout this report the term 'persons with disabilities' includes persons affected by leprosy

Women are important actors with prerequisite networking skills and ability to demonstrate the strength of collective action and success of the project. Successful networking with local DPOs and well-established International and local Non-Government Organisations (I/NGOs) is crucial for its success and sustainability.

The low representation of persons with impairments other than physical impairments was evident during the field visits. NLR Nepal needs to widen their concept of disability to ensure persons with impairments beyond physical impairments, such as sensory, mental and intellectual impairments are targeted in programmes.

Persons with disability need to be actively involved at every stage of programme design, development, implementation and monitoring and evaluation. Disabled Persons Organisations are crucial actors and must be identified and strengthened early in programme development processes. Viable livelihood is a key concern of persons with disability and programmes must support livelihood projects. The strategy of positioning persons affected by leprosy on an 'equal playing field' with other persons living with disability, by highlighting what these groups have in common, has effectively facilitated their entry into DPOs.

Finally, integrating leprosy control work into general health services and the valuable influence of DID principles guiding this work must not be underestimated. The greater number of people engaged, guarantees wider attention and increases chances of leprosy case detection and treatment. Furthermore, it is the opinion of the evaluation team, this approach diminishes the perception of leprosy as a disease to be feared and in need of 'special' services and treatment. Placing leprosy affected people on an 'even playing field' with others, reduces fear and increases acceptance and understanding of affected persons.

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NLR IO

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LIST OF ABBREVIATIONS

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CBOs	Community Based Organisations
CSOs	Community Service Organisations
DFV	Disability Friendly Village
DID	Disability Inclusive Development
DPO	Disabled Persons Organisation
FGDs	Focus Group Discussion
FCHVs	Female Community Health Volunteers
GoN	Government of Nepal
I/NGO	International/Non-Government Organisation
ID	Identity [cards]
KPPs	Key Priority Programmes
MEL	Monitoring Evaluation and Learning
NEWAH	Nepal Water for Health
NFDN	National Federation of the Disabled Nepal
NLF	Nepal Leprosy Fellowship
NLR	Netherlands Leprosy Relief
NLR/IO	Netherlands Leprosy Relief - International Office
NNWA	Nepal National Social Welfare Association
OM	Outcome Mapping
OVMV	Our Village - the Model Village
SCGs	Self Care Groups
SHG	Self-Help Group
SSIs	Semi-Structured Interviews
ToR	Terms of Reference
VDC	Village Development Committee
WASH	Water Sanitation and Hygiene

1. INTRODUCTION

1.1 Background

Country offices of the Netherlands Leprosy Relief (NLR) have engaged in the development of Key Priority Programs (KPPs) for the past four years. KPPs have the intention to increase positive outcomes, stimulate cross-country learning, build track records and build specific expertise. Furthermore, KPPs aim to stimulate innovative approaches and the scaling up of successful pilot programs². This evaluation is based on KPP3 the Disability Inclusive Development program, and specifically ‘Disability Friendly Villages’ (DFVs) in Morang District, Nepal.

1.2 Objectives of the assessment/evaluation

1. Learn from this experience from “Our Villages the Model Villages” (OVMV) project in Nepal in order to feed into the further development of KPP3 program/design
2. Give further recommendations on how NLR Nepal can continue with this model in the future.
3. Document the best practice of this model, including a description of the process leading to Disability Friendly Village. ‘(Baseline situation, analysis of felt needs and set priorities, defined activities, the involvement of the community, lobby and advocacy efforts and results).

2. EVALUATION QUESTIONS

2.1. Effectiveness and impact

1. Which actors were involved in the implementation of the model and in what way?
2. What is the role and contribution of the government and how has it changed over time?
3. What has been the contribution of NLR Nepal to those changes and what was the quality of support given by NLR?
4. What is the impact of the interventions/felt change by different stakeholders, including the different local partners involved and the persons with disabilities and persons affected by leprosy (participatory M&E tools should be used)
5. What is the value of this approach for persons affected by leprosy and how has this supported their empowerment and inclusion in society?
6. How has NLR Nepal combined their work on Disability Friendly Villages with their work on Leprosy Control?

² NLR Document: Draft Disability Inclusive Development (DID) KPP3 narrative plan

2.2. Sustainability

7. Sustainability: which elements are implemented in a sustainable way and how can sustainability be further improved?
8. What is the scale of the Disability Friendly Village Model? How many people have been supported directly and indirectly in the villages where NLR has implemented (elements of) this model?
9. Which recommendations can be given for replication/scaling up and how can this experience on grassroots level support lobby and advocacy at higher levels? Which roles are foreseen for DPOs such as NFDN and which role should NLR play in this?

2.3. Lessons learned and recommendations

10. What lessons can be drawn from the outcomes so far for the further development and adjustment of the project and the future directions to take?
11. How can this project serve as a model in other countries and what should be the input of this into the design of the multi-country programme?
12. Which tools were identified which can be used by the other KPP 3 countries?

3. PROCESS AND METHODOLOGY

The evaluation team conducted a document review, to collect secondary data and Semi-Structured Interviews (SSIs) and Focus Group Discussions (FGDs) to collect primary data, integrating art and graphic techniques³ (Annex1), when possible, to complement data gathered.

3.1. Document Review

Before visiting two pre-selected villages, and gathering information from relevant stakeholders, a document review was conducted. The evaluation team reviewed the following documents sent by NLR which include:

- *KPP3 Theory of Change Design*
- *Draft DID KPP3 Narrative Plan*
- *Track Record – NLR Nepal – Inclusive Education Project*
- *Track Record – NLR Nepal – Disability Inclusive Development*
- *Detail on KPP3 in relation with OVMV Nepal (Disability Friendly Model Village)*
- *Half Year Report on Results APO and Priority Fund*
- *Outcomes Report – Jante 2017*
- *NLR Priority Fund – Project Application Form (OVMV)*
- *Report on Nepal Visit – Disability Inclusive Development – Learning and Sharing workshops in Nepal*

³ This encourages participants to think 'differently' about an issue and enables them to respond thoughtfully and openly, without feeling the pressure to answer questions on the spot.

This review complemented the primary data and provided insight about the aims and objectives of the OVMV project and contextual information of what and how NLR Nepal have been doing with their local/boundary partners.

3.2. Field Visits

Field visits were carried out between the 16th December and 21st of December 2017. The NLR Country Office, Biratnagar field project Office and two rural municipalities, Jante and Keroun in Morang District were visited.

Interviews and Focus Group Discussions

The primary source of information was the SSIs and FGDs. NLR Nepal selected respondents for most interviews and each FGD (9-11 respondents). Selection was based on convenience sampling and level of engagement with the villages, with the following criteria: 1) participants who could give useful or relevant information to meet the objectives of the evaluation, 2) participants who could reach the venue of FGD/interview by their own means of transportation and/or participants who live relatively near to the venue, 3) participants who could attend the FGD/interview within the given time frame.

Interviews were held with staff members of NLR Nepal, a recently elected political leader, a local businessman in Jante, a local transport person, a religious leader, N.B. this person was a Christian and not representative of the Hindu majority population), the secretary of the National Federation of Disabled Nepal (NFDN) and persons with disabilities. Interviews focused on perceptions of the DFV as a *model*, stakeholders involved and changes experienced. The interviews lasted from 40 minutes to 3 hours. Audio recordings and detailed notes were taken at each meeting and carefully analysed and crosschecked. FGDs/Group and Paired Interviews involved the following stakeholder groups: teachers, school management team, health workers, DPOs of selected VDCs⁴ and NLR Nepal staff in the Kathmandu Office (Details Tables 1,2,3)

⁴ Recent government restructuring has resulted in VDC being replaced by Municipalities with Wards. Throughout the report the terms VDC, Municipality and Wards, are used interchangeably

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Table 1: Jante Village Development Committee (Currently Letang Municipality ward number 8)

FGD Group/person	Name	Sex	Age	Designation
DPO Jante brief description	*Established in 2065; *First Chairperson- Santa Bir Limbu; *Total General Member, 200+ (Incl. 2 PWDL); * Current Chairpersons (Since 2068) Dilli Prasad Bimili; *Total Board Member 9 (Persons with physical disability-5, Leprosy affected-1, Parents of children with disability-3); * 5 Male and 4 Female in Board; *DPO support: 8 members received seed money for IGP, Formed women's group by involving women with disability as well as women without disabilities in the group- total women involved-32 (18 women with disability)			
DPO Members	Dilli Prasad Bimali	M	55+	DPO Chairperson-Jante
	Lal Bir B.K	M	60+	DPO-Vice Chairperson
	Bhakta Bahadur Bohara	M	30+	DPO Secretary-Jante
	Rekha Adhikari	F	40+	DPO Board Member
	Mira Dahal	F	20+	DPO Board Mmber/Business Person
	Suju Magrati	F	20+	DPO Treasurer
	Nir Bahadur Makhim	M	60+	DPO Board Member
	Deu Kala Adhikari	F	40+	DPO General Member
	Harikala Magar	F	35+	DPO General Member
	Man Maya Magar	F	40+	DPO General Member
	Buddha Rani Rai	F	30+	Chairperson of Women Group
	Radha Timilshina	F	40+	Vice Chairperson of Women Group
	Jhalka Basnet	F	30+	Women Group Treasurer
	Lila Kumari Rai	F	35+	DPO General Member/Parents of CWD
	Samjhan Madi	F	25+	DPO General Member
	Lahari Maya Madi	F	50+	Parents of CWD
Teacher representative	Santa Bir Limbu	M	50+	Teacher & DPO General Member
	Raj Bahadur Rai	M	50+	Head Teacher
	Manju Dawadi	F	40+	Teacher
Community Member	Dhan Bahadur Rai	M	50+	Community Member
Political representative-Jante	Krishna Kumari Niraula Pokhrel	F	45+	Vice Mayor of Letang
Transportation	Durga Pokhrel	M	35+	Ticket Booking Counter Department
	Kumar Basnet	M	50+	Vehicle Owner
Livelihood	Emanath Pokhrel	M	50+	Beekeeper business
HP Jante	Chaitanya Gautam	F	50+	ANM-Jante HP
	Amrita Pun	F	25+	AHW-Jante HP
	Jit Maya Rai	F	25+	AHW-Jante HP
	Kalpana Rai	F	20+	ANM-Jante HP

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Table 2: Keroun Village Development Committee (Currently Kanepokhari Rural Municipality Ward number 6)

FGD Group/person	Name	Sex	Age	Designation
DPO Keraun Brief description	*Established date 2058; *first president Punya Prasad Koirala; * Total general member 220; *Out of them, 2 are PWDL; * Current Chairperson (Since 2065) Dipak Luintel); *Total Board Member 11 (Persons with physical disability-6 (out of it 1 Person with disability due to leprosy-PWDL), Persons with hearing and speech emapirement-2, Deaf-1, Blindness-1, Parents of children with intellectual disability-1); * Out of them 8 are Male and 3 are Female in the board; *DPO supported: 17 persons with IGP support, established cooperatives and involved 40 PWDs or their family as member of cooperative			
DPO Members	Dipak Luintel	M	45+	DPO Keroun Chairperson
	Rajendra Dahal	M	50+	Board Member
	Punay Prasad Koriala	M	40+	Board Member
	Gopal Sangraula	M	40+	DPO Secretary
	Mina Chaudhari	F	50+	DPO Treasurer
	Tika Tamang	M	50+	DPO Board Member
	Khonai Chaudhari	M	55+	Leprosy affected person, Board Member
	Nabin Limbu	M	30+	Leprosy affected person, General Member
	Pitambar Chaudhari	M	50+	General Member
	Narayan Parajuli	M	60+	General Member
	Lakh Bahadur Karki	M	45+	General Member
	Bishnu Luintel	F	40+	General Member
	Kedar Karki	M	50+	General Member
	Binod Dhimal	M	30+	General Member
	Ambika Neapl	F	30+	General Member
	Ghanashyam Dahal	M	60+	General Member
	Ramesh Dahal	M	30+	General Member
	Muna Luintel	F	25+	General Member
	Ratna Rai	F	50+	General Member
Teacher representative	Gyanu Karki	M	40+	Teacher
	Dipak Subedi	M	45+	Teacher-Vice Principal
	Tej Bahadur Raimajhi	M	60+	Teacher-Head Master
		M		

DISABILITY FRIENDLY VILLAGES EVALUATION REPORT

Table 3: NLR Nepal Interviews

FGD Group/person	Name	Sex	Age	Designation
NLR Staff	Dr. Krishna Prasad Dhakal	M	60+	Country Director Nepal
	Nand Lal Banstola	M	50+	Deputy Director - Technical
	Himalaya Sigdel	M	50+	Deputy Director - Program
	Dev Raj Gurung	M	30+	M&E Officer
	Madhav Raj Bhatta	M	50+	Inclusion Coordinator
	Madhav Prasad Pokhrel	M	55+	NLR Driver

Snapshots: Field Visit, Interviews and FGDs



Prior to the field visit, two NLR International Office (IO) staff were interviewed in Amsterdam. Informal talks and observation also took place in the selected VDCs and premises of both aforementioned NLR Nepal Offices.

This was primarily a qualitative evaluation and effort was made to ensure participants had the opportunity to express their thoughts and opinions about the model DFVs and to provide insight into best practical practices and recommendations about replication of the model.

3.3. Data Processing and Validation

The evaluation first categorised information, collected from various respondents, by recurrent thematic results. The evaluation team regularly discussed the findings and triangulated the data to draw findings relevant to the evaluation questions.

For shared learning and validation of the findings notes taken from interviews were shared with some interviewees and a PowerPoint presentation, of the preliminary findings, was given to NLR Nepal on the last day of the field visit, on the 21st of December 2017 and the final presentation will be delivered to NLR IO Staff on the 25th of January 2018.

3.4. Observation

Observation took place in different situations and areas, including schools, health posts, child clubs, office buildings of rural municipalities, offices of NLR Nepal and public buses.

4. FINDINGS

4.1. Impact and Effectiveness:

4.1.1. Which actors were involved in the implementation of the model and in what way?

Several organisational actors are involved in this project, including among others: The National Federation of Disabled Nepal (NFDN) and local DPOs under their umbrella, several I/NGOs, specifically Nepal National Social Welfare Association (NNSWA), Nepal Leprosy Fellowship (NLF), Nepal Water for Health (NEWAH), Liliane Fonds, Karuna Foundation and Plan Nepal. Brainstorming sessions were held with these organisations, and among other aims, the sessions challenged the predominantly individual and service orientation of organisations. Attention was drawn to the need to ensure wider society would address the issues of concern to the community, including concerns of persons with disabilities. It was agreed a shift of responsibility was needed, whereby rather than external organisations addressing the issues, these should be addressed by the communities themselves.

An issue raised was the need to prevent congenital disabilities. NLR Nepal joined hands with Liliane Fonds and Karuna in an “Inspire to Care” project, and began a focus on mother and child care.

Recommendation 1: Develop strong networking skills with local DPOs and other well-established I/NGOs

Consensus among participants of the brainstorming sessions was that DPOs should be the main entry point for the OVMV/DFVs concept to take hold. DPOs/persons with disabilities have personal and practical experiences to share, ensure different stakeholders understand the situation and collectively find solutions by working together and pulling and mobilising resources.

Self-Care Groups (SCGs), another initial actor, were working exclusively with leprosy affected people in the two selected villages. Jante’s population is 9816 (4558 female and 5258 male) inclusive of 216 persons with disabilities (106 female and 110 male), and three cases of grade-two leprosy. Keroun’s population is 15821 (7732 female and 8089 male) inclusive of 220 persons with disabilities (105 female and 115 male). Nand Lal Banstola recognized the ineffectiveness of groups involving only people affected by leprosy, and encouraged the groups to extend an invitation to other persons with disabilities. The groups evolved from the status of SCGs to Self Help Groups (SHGs).

Recommendation 2: DPOs should be the entry point for DFVs and disability development

According to Nand Lal Banstola, as the SHGs had initiated some successful agricultural Income Generating Projects (IGPs), there was little difficulty attracting other persons with disabilities. Important to note here is the nature of the IGPs, they need to be relevant and viable for the market place. IGPs focusing on handcraft or tailoring are considered contextually inappropriate and non-viable, compared to agricultural projects. Soon after, in both villages, the SHGs evolved into DPOs. DPOs were considered the main entry point for the implementation of the DFVs. Selection of villages, to pilot the project, was determined by the strength of the DPOs.

Recommendation 3: Establish successful IGPs and provide incentive where necessary

Recommendation 4: Identify and strengthen DPOs

An important advocacy strategy was to recognise women’s groups as significant actors. They are strong agents of change in community development and influence people in many ways. NLR Nepal emphasised the importance of Female Health volunteers (FHV) and drew attention to NLR’s advocacy effort with this group, stating:

“FHV’s are crucial people ... usually there is 1/500 ... they are very familiar with the population ... we had to stimulate them to think about disability though”
(NLR Country Director)

The chairperson of Keroun DPO affirmed the importance of women, sharing the following in regard to establishing employment opportunities for persons with disability:

“... pig farming, buffalo schemes, goat farming – all these are being done by women” ... adding “It was difficult to involve women at first as they were shy”

Recommendation 5: Target women in communities and recognise them as influential stakeholders

Nand Lal Bnastola is the key individual actor to be credited with the concept of the villages. Furthermore, Nand Lal managed to mobilise and successfully elicit the support of others, inclusive of other NLR Nepal staff, notably Dr. Krishna Dhakal, who fully supported the concept and recognised its value for leprosy work, both leprosy control and leprosy care. Several networking and support meetings took place:

“We had interaction meetings with the community – several meetings” ... “I was invited to several meetings ... Individual sessions as well” ... “NLR have 6 regular meetings a year with the community” [N.B four of these are internal review meetings, two are with community stakeholders] (NLR Nepal, Deputy Director).

“5 years ago, we had a 3-day workshop that involved persons with disability and other stakeholders – this was a very important meeting as it creates ownership”
(FGD, Jante DPO)

Recommendation 6: Ensure participation of persons with disabilities. They need to be actively involved at every stage of programme design, development, implementation and monitoring and evaluation.

The chairperson of the Keroun DPO, is another significant individual actor in this project, he is a well-educated veterinarian and a politically active person. By his own admission he has been able to set a good example for others:

“I am a person with disability, but I am also a vet and people see that I can work like anybody else – I am an example to others – they can see that even with my severely disfigured arm, I can still help with the delivery of a calf I have good education as a vet and at district level, I have submitted a proposal in coordination with another organisation. If we submit this proposal we will have no problem with sustainability”

This self-assessment was supported by others in the community, with one of the teachers and chairperson of school management committee reporting his positive influence at the Municipality level. He is considered an effective advocate with the ability to ensure disability issues are on the political agenda. He has earned a reputation for his persistence at Municipality level and at times banging his fist on tables to draw attention to issues.

Prior to the DFVs, NLR Nepal were more oriented toward Community Based Rehabilitation (CBR). Before long, however, they found there was insufficient interest from other sectors, and this triggered Nanda Lal Banstola's idea of considering, what the evaluation team recognized as a '*need based approach*' (guided by Disability Inclusive Development (DID) principles and creating model DFVs and a search began for funding for a DFV project. After a few failed attempts, funding was secured from a French funding organization for the project, with a strong emphasis on WASH. From the onset, this was a comprehensive project, with six components:

- I. Water
- II. Excreta Management
- III. Liquid waste management & vector control
- IV. Drainage
- V. Solid Waste Disposal
- VI. Nutrition

The focus on WASH was an integral component of the inception of the DFVs. WASH needs are highly prevalent among many rural communities in low-resource settings. NLR Nepal responding to these needs paved the way for the development of OVMV projects. Furthermore, the WASH focus was a significant factor in securing donor support. NLR Nepal's response and ability to generate donor support for these efforts was very much appreciated by the wider community and in and of itself was a powerful advocacy strategy. These efforts were taken over by DPOs in both villages and soon became a focus of the Village Development Committee (VDC) now known as a Rural Municipality. Collaboration soon began with Plan Nepal and Nepal Water for Health (NEWAH) and planning meetings were held. The target was to make all DFVs comprehensive WASH efforts. Local level communities, not elected bodies, were interested and supportive of these efforts.

In 2014 the 'Our Village the Model Village' project proposal was successfully submitted to NLR IO. The proposal included reference to a needs and gaps analysis that indicated some initiations had already taken place in some VDC, including orientation and lobbying meetings with community stakeholders, construction of ramps and triggering community groups to pay

attention to WASH needs. Furthermore, attention was drawn for the need for Prevention of Disability (PoD) efforts, enhancement of existing health services in increase coverage and other sensitisation activities. Further information on the needs analysis can be found in the Priority Fund Project Proposal NLR Nepal application⁵.

The triggering point for the DFVs was recognition of the following needs:

“Equal opportunities for all ... equal rights and reduction of stigma and discrimination ... a barrier free environment” (NLR Nepal, Deputy Director)

Steps taken to achieve this were:

- A focus on changing attitudes
- Needy people received assistive devices
- Livelihood projects were initiated (an influential lemon farmer collaborated with the initiative and employed some persons with disabilities, and allocated tasks related to their capabilities, for example, deaf people were given heavier tasks such as collecting cow urine, other persons were assigned the task of cleaning lemons).
- Prioritising persons with disabilities and their families.

Advocacy strategies used were:

- Holding several meetings with community leaders and local level politicians
- Holding individual sessions with the same people
- Engaging the support of a successful lemon farmer

NLR Nepal adopted the DFV concept in 2013 when extending its work to include persons with non-leprosy related disabilities. Prior to this, NLR Nepal had a successful CBR project, but DPOs were unable to form in some of the former VDCs. In a joint meeting with Plan International it was decided to have a joint project focusing on Inclusive Education (IE). Plan International focused on the physical structures, building ramps and accessible toilets in schools and NLR Nepal focused on the training.

In 2012, there was no DPO in Jante, a DPO existed in Keroun, but it was weak and there were tensions. Around this time NLR Nepal held discussions with the National Federation of the Disabled Nepal (NFDN). They learned NFDN had an interest at district level but not at VDC level,

⁵ NLR Document: Priority Fund Project NLR Nepal application June 26

as they were unable to cover this. NLR Nepal and NFDN at this stage joined hands and helped form strong DPOs in both villages.

NLR frequently encountered persons with disabilities (mainly physical disabilities) while working with people affected by leprosy in different communities. According to the director of NLR Nepal, both groups have limitations and require similar services. The population of people affected by leprosy is scarce, and as a result it is not easy to attract the attention of stakeholders to address their needs. These two factors motivated NLR to adopt DFV and work accordingly. Subsequently, as wider community needs were recognised, NLR Nepal extended its focus to meet general needs of the wider community, specifically Water and Sanitation and Hygiene (WASH) related. This Disability Inclusive Development (DID) approach is a key factor driving this project. Inclusive development happens when an entire community, inclusive of persons with disabilities, enjoy on an equal footing with others, benefits of development processes⁶. NLR Nepal and local DPOs have long way to go before DID will be fully implemented in local communities,. Strong local networking with active CBOs, relevant government departments and understanding of useful disability models, inclusive of the social and model and rights based models, need to be at the forefront. Encouraging steps, however, are being taken. The following observation explains this shift in focus:

“Within the population, 7% were persons with disability ... all were receiving education ... Muslim girls were not in school ... we needed to change our target ...” (NLR Nepal, Deputy Director)

Recommendation 7: Meet the needs of the wider community to garner support for persons with disability, including persons affected by leprosy.

Despite the internal annual report of NLR and many interviews stating all types of disability are included in its programme, findings of this evaluation revealed the focus of NLR Nepal is mainly on physical disability. Only five hard of hearing and one visually impaired person were encountered during the field visit in two rural municipalities. Furthermore, we only encountered one adult with an intellectual disability. In both sites DPOs are led by persons with physical disabilities and both are male.

Recommendation 8: NLR Nepal need to widen their perception of ‘persons with disability’ (include more impairment categories) and encourage women to be in leadership position.

The government, at both local and federal level, are also another key actor, as explained in the answer to the following question.

⁶ https://scholar.googleusercontent.com/scholar?q=cache:aL9lg-KZA4QJ:scholar.google.com/+CBM+disability+%22Inclusion+made+easy+%22&hl=en&as_sdt=0,5

4.1.2. What is the role and contribution of the government and how has it changed over time?

The government has played an important role in supporting disability efforts in Nepal and is crucial for its sustainability. The NLR Country Director pointed out the significant influence the government can exert at local and district level, and their ability to mobilize resources.

This is particularly relevant given that the Government of Nepal (GoN) has undergone a shift in governance in recent months with decentralizing the shift of control and autonomy to local levels. It was widely felt among participants that it is important to build partnerships with municipalities, as they are responsible for regulating law and policies. The importance of nurturing these partnerships is reflected in the support DPOs feel they are receiving, as echoed in the statements below:

“Prior to the new government system, there were high government people involved, now it is more at a local level” (DPO Board Members, Jante) ... “All government projects are beginning to accept persons with disability ... also cooperatives ...” (NLR Nepal Country Director)

The GoN has stipulated that International/Non-Government Organizations (I/NGOs) must negotiate with the Social Welfare Counsel regarding their disability policies. Projects need approval of this body before they can go ahead.

Recommendation 9: Generate political will and encourage relevant government ministries to be involved in DID

Government provisions for persons with disability reportedly had the following results: increased access to services; roads are improving; schools/colleges are opening their doors to children and adults with disabilities. Disability Identity Cards have been issued based on the severity of impairment. These cards are a useful tool for disability data collection and have benefits including reduced discounts for the use of public transport. ID cards provide rights for persons with disabilities to avoid queues in public spaces such as hospitals, bank counters and government ministries. For persons with non-visible impairments ID Cards are useful and help convince others of their needs. Reports from the evaluation participants, however, indicate there are some problems with the distribution and use of these cards. Tensions arise when they are used incorrectly or issued to people not considered eligible if their impairment is not considered severe enough to hold their category of card

An important political strategy, described by a recently elected female politician in Jante, has been to ensure representation of persons with disability in diverse sectors, inclusive of women groups, children groups, forestry and business. Five focal groups have been established in Jante and one of these concerns disability and serves as a channel to target efforts for persons with disability. This politician went on to describe significant changes related to the participatory nature of engagement of the community:

“Previously, marginalised and persons with disability were excluded from public spaces ... [now] we are bringing them forward by increasing their participation”

She went on to explain this situation was very new and they were in a dilemma about how to move forward, however, now budget is allocated for focal groups in the community.

Recommendation 10: Encourage representation of persons with disabilities, including persons affected by leprosy, across all sectors

Recommendation 11: Stimulate government to allocate a budget for disability

Several interaction meetings have taken place with VDC and community members, this clarified major concerns of the community and consensus was reached about working with DPOs. Perceptions of persons with disability were changing, following the success of some IGPs, they were not seen as ‘*receivers of aid*’ rather as ‘*contributors*’ in the community. This observation is reflected in the comment of the female politician in Jante:

“4-5 years ago, persons with disabilities were discriminated against in this area – even by their own families – this was very much due to a lack of awareness and an underestimation of their abilities and potential contribution to the community ... now partnership and coordination has developed between government departments and DPOs ... we now work hand in hand ... including women’s groups, children’s groups ...”

The chairman of Keroun DPO affirmed this finding:

“In many groups participation of persons with disabilities increased ... We have also become contributors for various programmes. We gathered support from all sectors – this is very important”

There was strong agreement among DPOs members regarding the important role of the government and descriptions were offered about how attentive they are to the collaboration

between NLR, DPOs and NFDN and they feel the GoN are supportive of these collaborative efforts.

4.1.3. *What has been the contribution of NLR Nepal to those changes and what was the quality of support given by NLR?*

NLR Nepal promoted the concept of these villages in several meetings held with local DPOs under the umbrella of NFDN, local government bodies and I/NGOs working in respective rural municipalities, including family members. The DPO Jante, board members, affirmed this stating:

“NLR and NFDN ... have from the beginning involved the government – this is important ... they have asked the government for commitment”

The close cooperation with the NFDN and NLR is important. NLR provides funds to NFDN and NFDN allocates the funding to its local DPOs, including the Jante DFV – this was stipulated in a Memorandum of Understanding (MoU) with the government. NLR Nepal also supports the administrative cost of NFDN central office.

NLR Nepal is an active networker with DPOs and the government, this serves to strengthen the work and has ensured leprosy is included in DPO and government agendas, both at local and central levels.

When working with DPOs, NLR highlight what people affected by leprosy have in common with other persons with disability, placing emphasis on residual disability rather than the *cause* of disability. This approach seems effective in shifting the focus from leprosy to disability and appears to have opened doors to DPOs for persons affected by leprosy.

Recommendation 12: Persons affected by leprosy on an equal playing field with other persons living with disability

Shifting the focus from individuals to community level efforts is an effective strategy. Individual approaches are ineffective and unsustainable, changes brought about at community level endure longer with a wider effect than changes occurring at an individual level. NLR plays a ‘mediating’ role, they are not involved in direct structural changes but have rather stimulated the community to assume this role. As such NLR Nepal are operating as catalyst, busy with monitoring and support, in their efforts to bring about change. Rather than implementing ideas, they have encouraged, DPOs, Local governments and communities to implement required changes in working toward realising the aim of DFVs.

Recommendation 13: Collaborate closely with other Community Based Organisations (CBOs) and Community Service Organisations (CSOs).

Recommendation 14: Focus more on communities than individuals and work collectively for overall community development

Another contribution of NLR Nepal has been the delivery of training to their boundary partners, inclusive of training on rights, leadership and Outcome Mapping (OM). The impact of OM training was evident during this evaluation, as OM concepts permeated discussions with DPOs and other participants in the evaluation. The value of OM has reached high levels, the GoN has approved this approach and have included it in their MoU. NLR Nepal have delivered three OM training sessions to the NFDN. Concepts such as: behavioral change, boundary partners, contribution (vs attribution)⁷ emerged frequently in discussions and clearly are guiding principles in efforts to establish the DFVs. As a result of NLR Nepal delivering OM training, DPOs are aware of and value its guiding principles.

Recommendation 15: Deliver relevant training to stakeholder groups and value the contribution of OM.

The most important contribution of NLR has been to strengthen the DPOs and this is a commonly held perception by participants in this evaluation.

4.1.4. *What is the impact of the interventions/felt change by different stakeholders, including the different local partners, involved and the persons with disabilities and persons affected by leprosy?*

Reported impacts of the felt change by different stakeholders in both villages, were varied. The impact most commonly referred to is the change in attitude and behavior regarding disability. This was expressed by persons with disabilities as well as other stakeholders inclusive of teachers, health workers and NLR staff. The evaluation team was informed that Jante is considered to be more advanced in its development as a DFV. Our observation, however, was the opposite, we were more impressed by what we saw in Keroun, primarily because of the strength of the DPO and its strong leader. It needs to be noted, however, our visits were very short and this was merely a snapshot view. Comments in FGDs and Interviews consistently referred to the positive change in attitude in community as evident in the comments below:

*“The main thing before and now is the change in attitude and behaviour. I am not necessarily talking about discrimination – it is just that now we think differently”
(Teacher, Keroun) ... The way we look towards disability has changed from*

⁷ Research to Action. The global guide to research impact
<http://www.researchtoaction.org/2012/01/outcome-mapping-a-basic-introduction/>

negative to positive... – we are now seen as equals, but we have not enjoyed equal opportunities yet due to various factors” (person with disability, DPO Keroun) ... “People changed their behaviour towards persons with disabilities: examples, using proper words while calling them, less discrimination, better acceptance” (Principal, School Jante) ... “Before, if they saw persons with disabilities they thought they were cursed, they used bad words, there was fighting and quarrelling – if I hear people use bad words or fight now I challenge them and tell them they are also eligible to become disability anytime” (Board Member, DPO, Jante)

Persons with disabilities are more actively involved in the community and as such are becoming more visible and this seems to be impacting on levels of discrimination.

“We can do something and because we are doing something discrimination is becoming less, our status is changing” (person with disability, DPO Keroun)

Recommendation 16: Ensure disability issues are visible and promote persons of disabilities as contributors to community development, not mere recipients of service and assistance.

A significant impact reported by participants relates to schooling. Unlike before, children/adults with disabilities are accepted in schools. Due to media and the advocacy work of DPOs including some INGOs such as Plan International, Nepal Leprosy Fellowship, Handicapped International and the Karuna Foundation, the educational system has become aware that children with disabilities are entitled to have education like anyone else. Schools are reportedly more disability inclusive, child friendly and have higher levels of attendance:

“... education is more inclusive ... before children with disabilities were left behind ... access has improved, there are ramps in schools ... a very high percentage of children are attending school now ...” (Group Interview, NLR staff)

Recommendation 17: Maintain a strong focus on inclusive education

Nand Lal Banstola made a couple of interesting comments about Inclusive Education, that are particularly relevant for NLR approaches:

“The aim is not quality education – that is beyond our scope – the aim is to focus on life-long learning” ... “Mainstream is sometimes used only as jargon – we wanted to stimulate inclusiveness – [this means] every resource is accessible – it is important to access existing resources”

Another impact relates to the accessibility of services. Several participants commented on the increased availability of services and provision of assistive devices. Efforts to ensure persons with disabilities, including persons affected by leprosy, feel included and accepted in the community appear to have been successful and are leading to increased mobility as reflected in the statements below:

“For people affected by leprosy we are able to access all facilities accessed by the DPO and I am now a member of the DPO” (Person affected by Leprosy, DPO Board Member, Jante)

“The OVMV project started with the idea that we are not different from others, we have captured this idea and now need to make it happen – in the beginning persons with disabilities stayed at home and were depressed and not listened to or believed by others” (DPO Board Member, Jante)

“The DPO has helped with supporting persons with disabilities and provision of devices and prostheses” (Businessman, Jante)

Attention for disability is higher in the communities the evaluation team visited. Numerous ramps and handrails have been constructed in schools and some public offices, commode toilets (high seat) have been installed. Apart from NLR Nepal, Plan International has supported this service in Jante (the Plan Nepal logo was seen on the wall of the school along with quotations about inclusive education and WASH. Important to note here is that many of these, particularly ramps, are not functionally useful for wheelchair users, as pathways to these ramps remain inaccessible. This needs improvement and some of what is required is beyond the scope of what NLR is able to do, Improving accessibility to these ramps, as well as other accessibility issues such as accessible pathways, requires major structural changes. The GoN and local governments should be responsible for these major changes. Advocacy and lobbying efforts to VDCs/Municipalities needs to be strengthened to ensure this is given attention.

Without this the ramps are ‘token gestures’ and useful for increasing visibility of disability issues, but not functionally useful. If ramps, assistive devices or services are supported or provided by NLR Nepal, NFDN or any disability focused I/NGOs it imperative they check if the modifications made are functional and disability friendly and acceptable.

Recommendation 18: NLR Nepal must strengthen Advocacy and lobbying efforts with government bodies and apply pressure to ensure accessible infrastructure of communities and set a good example for others to follow.

The NLR offices the research team visited in Kathmandu and Biratnagar are an example of this. The Biratnagar office does not have a ramp at all and mobility space within the office is sub-optimal with minimal space for wheelchair users to manoeuvre. The ramp of NLR Nepal country office is too steep and has no handrails. The explanation given was that the building is rented and the landlord is unwilling to spend money on accessibility issues. The majority of government or private offices in Nepal, however, are in rented buildings and strong joint advocacy is required to convince landlords.

NLR Nepal relocated from the first floor of the building in Biratnagar to the ground floor in an attempt to improve accessibility for those having minor disabilities. NLR Nepal are encouraging DPOs to advocate and lobby to pressure local governments to reduce barriers in the environment. These advocacy efforts would be strengthened if they could set a good example with the removal of physical barriers in the NLR Nepal offices. The toilet/bathroom area in the Kathmandu office is inaccessible as is the ramp which has a gradient that is too high. It is imperative NLR Nepal seek the advice of persons with disabilities and DPOs about how to improve the accessibility in their office spaces and set a good example. Another useful resource will be Occupational Therapists as they are well trained in this field. Attention for this does not require high level technical nor engineering skill. It is crucial to keep in mind attitudinal barriers are very much interlinked with physical barriers.

Recommendation 19: NLR Nepal must seek the advice of persons with disability and DPOs about improving the physical accessibility of their offices and set a good example.

The issue of livelihoods is another contentious example, NLR reported high levels of improvement in livelihood, but reports from the FGDs with members of DPOs dispute this. They acknowledge some improvements, but livelihood remains a significant concern for the majority of persons with disabilities including some family members. The following comments, highlight this need:

“NLR ...provided seed money to start livelihood options ... however, only a few are involved in income generating activities” (FGD, DPO Jante)

“NLR has helped a few to have livelihood opportunities; expanding their livelihood options” (Female Politician, Jante)

“Provide more livelihood opportunities such as small amount money to start small grocery shop, goat/pig keeping; seed money very much required” (FGD DPO Jante)

“If livelihood is not strong, persons with disabilities cannot keep life in balance” (FGD, DPO Keroun)

Furthermore, one site the evaluation team visited as an example of a livelihood project was a man with disability, who repeatedly articulated how disability and poor he was, but clearly this man was relatively well off with a sizeable and very successful farm. He did not appear to be in need of the 'seed money' he received for extending his farm activities.

4.1.5. *What is the value of this approach for persons affected by leprosy and how has this supported their empowerment and inclusion in society?*

Empowerment, is defined by the World bank, as helping poor and socially excluded individuals to realise the power they gain from collective action and *inclusion*, is defined as bringing about system-level institutional reform and policy change to remove inequities in access to assets, capabilities and opportunity⁸.

The needs based approach, influencing the DFV model, implicitly generates recognition for the value in collective action. By ensuring wider the needs of a community are met, rather than focusing only on needs of persons with disabilities and persons affected by leprosy, has helped empower them. An indirect outcome is that this group appear to be valued more as the assistance is coming from a leprosy organisation and as such they are credited with the help given. Furthermore, participation levels of persons with disability and persons affected by leprosy, has reportedly increased, with a positive impact on self-esteem:

"... persons with disabilities were bullied but now this has reduced and they are able to access public spaces, have been provided with wheelchairs and as a result they can participate more in community life. They appear to be happier and are smiling more" (Female Political leader)

Furthermore, the needs based approach, implicitly generates recognition for the value in collective action. A leprosy affected member of the Keroun DPO, in response to a question about the value of this approach in relation to his experience, shared the following:

"Changes have been due to several factors – we went with NLR to other organisations – now we can be in the same status as them ... because of a collective approach we have not felt so marginalised" (DPO Member, Keroun)

That persons affected by leprosy are able to join DPOs seems to be having an impact on the way the community treat them. Members of the Keroun DPO told the evaluation team that at

⁸ <http://siteresources.worldbank.org/INTEMPowerment/Resources/486312-1095970750368/529763-1095971096030/bennet.pdf>

times leprosy affected people may still be blamed for trouble occurring. If this happens and if levels of fear regarding leprosy persist, the DPO are able to intervene, contributing to a reduction of leprosy related fear and increasing awareness about the treatability of leprosy, and challenging misconceptions about it having anything to do with a past life. Participants in the FGD with the Jante DPO affirmed this perception:

“At first even persons with disabilities as well as the general population were afraid of people affected by leprosy ... NLR assured us about leprosy – it is not a curse, not transmissible, they have a disability just like us, we should work together ... The situation before and after is very different”.

This approach has significant value for persons affected by leprosy, the attention garnered by the wider community and by relevant stakeholder groups, inclusive of local government, DPOs and health workers, is beneficial for meeting the needs of this group. A wider group of people are ‘tuned in’ and attentive to their needs.

A comment made by the Chairperson of Keroun DPO establishes the value of this approach for persons affected by leprosy and provides a fitting summary for this section:

“When people with leprosy joined our DPO – we didn’t see the leprosy – we only saw they had a disability – the main purpose of our DPO is to be inclusive for all!”

4.1.6. How has NLR Nepal combined their work on Disability Friendly Villages with their work on Leprosy Control?

It is helpful here to distinguish between leprosy control and leprosy care. Leprosy control is concerned with finding and treating leprosy ‘cases’ to prevent transmission of the disease. Leprosy care is related, among other efforts, to the prevention of disability and integrating these people into various community programs for personal and professional empowerment.

The DFV and specifically the DID principles guiding its implementation, are valuable for Leprosy control. Leprosy affects relatively few people compared to many other infectious diseases. NLR Nepal were concerned that leprosy control work was not taken seriously as the number of beneficiaries was relatively low. Adopting an integrated approach has resulted in more respect and has heightened awareness for both leprosy and disability as general health staff are involved in implementation of control work.

Recommendation 20: Encourage a DID approach in Leprosy Control efforts

The value of this approach is affirmed by experts in leprosy who believe integration of leprosy control services into general health care will ensure that leprosy control is cost-effective and equitable and more sustainable⁹. Although it is early days yet, signs in Morang district positively support this notion, as reflected in the following observation:

“When we started in 2013 we had 3 new cases, now 9 (although one not a new case) – VDC collaboration is working” (NLR Nepal, Deputy Director)

The NLR Country Director had the following to say about the value of this approach for Leprosy Control:

“DFVs are focused on health, education, agriculture, livelihood, Income Generation, WASH – similar to the CBR matrix – but we do not adhere only to the CBR matrix – leprosy is included in the matrix. Any approach we use needs to be contextually relevant. They help to formulate plans”

Recommendation 21: Ensure approaches are contextually relevant and affordable for DPOs

The DFV approach is a comprehensive approach, integrating health, education, WASH and economic sectors. The health sector is involved with disease control and is now under the umbrella of the VDC/Municipality. The health posts are located in the rural Municipality buildings and they have assumed responsibility for treatment and prevention, and are engaged in Leprosy Post-Exposure Prophylaxis (LPEP) work. Offices we visited had leprosy related posters on the walls, inclusive of case finding posters. NLR Nepal consider themselves to be *influencers* rather than *implementers* and in this role influence VDCs/Municipalities to ensure leprosy and DFVs is on their agenda. Assuming a role of influencer rather than implementer is of critical importance. If NLR remain as implementers the scope of work is limited as is awareness of leprosy. NLR Nepal’s main role should be coordinating with relevant Ministries particularly the Health and Social Welfare Ministry, as well as DPOs at different levels.

Leprosy control is now in the planning of DPOs, although the work is carried out by government health workers. It is the DPOs that go into the villages and encourage people to seek help and go for treatment. The major impact of this approach for leprosy control is that many more people are actively involved in leprosy related work, it is not limited to the domain of people working only in the field of leprosy. The health worker is an essential stakeholder.

Recommendation 22: Health workers must be recognised as essential stakeholders.

⁹ Jan Visschedijk; Anrik Engelhard; Peter Lever; Maria Aparecida de Faria Grossi; Pieter Feenstra
Leprosy control strategies and the integration of health services: an international perspective
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2003000600002

4.2. Sustainability:

4.2.1. Sustainability: which elements are implemented in a sustainable way and how can sustainability be further improved?

The integrated approach of the DFV concept is inherently sustainable, however, it is important efforts to engage a wide sector of service providers, inclusive of health, education, employment and disability are maintained. The NLR Nepal Country Director highlighted the importance of ensuring VDCs/Municipalities are primary stakeholders. VDCs include the OVMV in their Plan of Action (PoA), the Municipalities have more autonomy than the former VDC structure, NLR Nepal aim to ensure Municipalities understand the issue and are more accountable. The Municipalities provide more funding for these activities than NLR and in doing so facilitate ownership of the issue. NLR inject activities into the Municipality PoAs and it becomes a reciprocal arrangement, with NLR injecting plans and activities and the Municipalities providing funds for implementation:

“VDCs include our OVMV project in their Plan of Action (PoA) – they are providing more funds than we are – we inject plans and activities, they provide funds to implement ... [for example] we may provide €4,000 they €12,000... we give them coffee and ask for a cake ...” (NLR Nepal Country Director)

Financial contributions of Municipalities are significant for sustainability. Allocating a budget specifically for disability not only encourages ownership of project activities at a local level but also stimulates accountability of actors involved in the project. The value of this is reflected in the comment of NLR Nepal’s Country Director:

“NLRs role is to ensure Municipalities understand the issue and be accountable – the ownership is with them – we want to make them accountable”

Change occurring at an individual level often does not last long and has minimal impact on a wider community, community level changes are generally more sustainable, as implied by the NLR Nepal Country Director, a community wide approach places people on an equal playing field – leprosy affected people, persons with disabilities, marginalised groups are all seen as one group and efforts to help are collective. Using DPOs as an entry point is a significant factor contributing to the sustainability of this approach.

The relationship between NLR Nepal and the NFDN is highly significant. The secretary of NFDN acknowledged that prior to learning about the DFV concept from NLR Nepal, they were quite introspective:

“DFV was ambitious in the beginning Previously we only talked about ourselves – slowly we learned it is important not only we take responsibility but the community- it is important to share and encourage ownership for ambitions before we were isolated, now we have people in the community speaking on our behalf ...NFDN have developed guidelines for DPOs and they wanted us to become members – we are in leadership positions – we were not only reaching quota – not an obligation to be fulfilled”

The above quotes draw attention for the need to generate support for inclusive thinking and not impose these ideas.

Recommendation 23: Generate acceptance for inclusive ideas rather than imposing them

4.2.2. *What is the scale of the Disability Friendly Village Model? How many people have been supported directly and indirectly in the villages where NLR has implemented (elements of) this model?*

The research team is unable to provide exact figures of people who have been supported directly or indirectly. We understood, however, that Jante district has 216 registered persons with disabilities (106 Female/110 Male) and Keroun 220 (105 Female/115 Male), all are DPO members.

The needs and gaps analysis presented in the OVMV proposal indicated some WASH initiatives had already taken place as well as the building of assistive devices for persons with disabilities. The analysis affirmed the need for more total sanitation activities, more disability friendly structures such as disability friendly WASH facilities, classroom management in the schools and training for school teachers on inclusive education. The aim was to cover VDCs with an average population of 1500 persons with disabilities and that different aspects of the programme would cover the broader general VDC population of around 12,000¹⁰. NLR engaged directly with community groups and ensured different disciplines and experiences were represented in the groups.

Planning for M&E was to be in line with regular NLR projects in Nepal which ensure the engagement of all partners involved in the programme. Plans were also made for media and photojournalists to visit the sites.

¹⁰ NLR Document: Priority Fund project NLR Nepal application June 26

A 2017 report on the project indicated most of the DPOs in the far west region have involved leprosy affected people in their board, many leprosy people are members of local cooperatives and consumer groups. There were no exact figures in the report about this level of involvement. It was reported, however, that 15 DPOs have been strengthened and leprosy affected people are in DPOs and other groups. This information seems to conflict, however, during an informal chat with a female leader in the NFDN, who suggested there was very little happening in the Far Western Region. For further information on NLRs perception of the progress of the OVMV can be found in the “Half Year Report on results of the APO and Priority Fund Project”¹¹.

NLR Nepal has provided wheelchairs for two school age children enabling them to attend school. In coordination of local NFDN, crutches have also been provided to needy people. Obviously, NLR provides services to people affected by leprosy. Identifying cases, treatment and follow up of leprosy remains the top priority of NLR. With the financial support of NLR and Plan International, ramps, railing, accessible toilet i.e. commode toilet (high seat) were visible in schools, child clubs, Municipality/VDC offices. These findings also indicate that people with physical disabilities are enjoying the support system provided by NLR and provisions for other categories of persons with disabilities is lagging. Of note, however, people who are hard of hearing or deaf have been able to access sign language classes, likewise, persons with multiple disabilities are still restricted in their homes.

The WASH programme of NLR has been very successful. Similarly, it has provided cash to individuals (who had no means of earning) who wish to join existing saving and credit groups and use benefits equal to other members.

4.2.3. *Which recommendations can be given for replication/scaling up and how can this experience on grassroots level support lobby and advocacy at higher levels? Which roles are foreseen for DPOs such as NFDN and which role should NLR play in this?*

Address common needs of people in the community and go beyond disability, engage the wider community, facilitate ownership by local people and accept challenges to improve the life of target groups and community at large. Pull and mobilize local resources, develop a strong network with existing CBOs. These have been the entry points for the DFV as planned by NLR Nepal and NFDN and in some contexts, particularly smaller communities where chances of stimulating project ownership are relatively high, may be replicable principles.

¹¹ NLR document: Half Year Report on results of the APO and Priority Fund Project

NLR Nepal have played a crucial role in working toward the development of the DFVs. They should continue to work toward expansion and do this in close cooperation with the NFDN. Ideally, introduction of the DFVs needs to be taken up by others and specifically influential people with decision-making authority in communities, however, this cannot happen without knowledge of management skills at local levels. The following comment from the secretary of the NFDN affirms this:

“At district level, we silently influence political leaders with DPOs ... we build a network to decide if it can be managed locally or does it need to be at central level ... leadership and planning is needed ... we now have seven provinces/states – NLR will help with planning and technical support ... they helped us attend DID programs ... because of NLR we have the technical support of Nand Lal”

“If this model is to be replicated, first and foremost a change in attitude is required ... this means: make sure everyone is involved; promote local ownership; DPOs must influence in the background; ensure a focus on education” (Raju Basnet, Secretary NFDN)

NFDN acknowledged, however, that DFVs have not been fully accomplished, particularly at an infrastructure level:

“... ramps may be broken [sub-optimal] but consciousness has been raised ... we realize [most] infrastructure is not disability friendly ... in Jante it is not lack of political will but lack of knowledge – even here in Kathmandu most buildings are not accessible – we need to deliver more training and give talks ...”

Recommendation 24: NLR Nepal should continue working to expand DFVs and do this in close cooperation with the DFDN with a focus on developing management and leadership skills on communities.

NFDN has developed and disseminated policy guidelines, worked closely with the line Ministries and relevant I/NGOs. As the umbrella organization of persons with disabilities, NFDN sometimes works as a pressure group (including organizing strikes) to draw the attention of the government to concerns of persons with disabilities. The advocacy work carried out by DFDN, at national level, has resulted in an increase in attendance of children/adults with disabilities in regular schools. The concept of sending them to special schools is becoming less popular. Family members are more involved and feel it is also their responsibility to support their child/adults with disabilities and they are active members of DPOs. Slowly, the presence of persons with disabilities is becoming more visible in their respective communities. NFDN acknowledge, change cannot happen in isolation and recognize the value of collective approaches.

The strategies used at grassroots level of this project are inherently useful for higher level advocacy and lobbying efforts. Central components of advocacy and lobbying are networking and the formation of alliances that work toward influencing social and civic agendas with the intent of persuading policy-makers to support positive policies. Advocacy and lobbying efforts focus on increasing citizen participation at decision-making levels to secure favorable allocation of resources¹².

Findings in this evaluation suggest people involved in the grassroots level of this project have been successful advocates and lobbyists. The networks and alliances created have paved the way for higher level lobbying and advocacy efforts to tap into existing networks and alliances. The political support garnered is useful for future lobbying and advocacy efforts at higher levels. The active networking and representation of NLR at many levels, grassroots as well as political, has been an effective strategy.

Training on OM has been particularly successful in terms of lobbying and advocacy and have generated the required support. Terms at the heart of OM are: behavior change; relationships, activities/actions of people/groups/organizations; boundary partners (interacting directly with programs and anticipating opportunities) and contributions (as opposed to outcomes). OM approaches inherently value collective action and this goes hand in hand with advocacy efforts.

4.3. Lessons Learned:

4.3.1. What lessons can be drawn from the outcomes so far for the further development and adjustment of the project and the future directions to take?

A critical lesson from this evaluation is recognition of the value in local DPOs and to avoid working in isolation. DPOs have integrated into various CBOs in their communities/districts. They are helping each other, pulling and mobilising local resources. They have developed a strong network locally. Similarly, DPOs are addressing common needs of the wider community through the WASH programme, education for excluded groups and children with various disabilities. By doing this, people in general become aware that DPOs have valuable potential for improving the quality of life for whole community. DPOs have a strong belief in the need for local independence rather than relying on external support which may not last long. We learned during the group interview with NLR staff, more than 50% of financial resources are generated locally, for example, VDC/District money, some income from savings and credit groups of DPOs. The previous charity oriented approach has changed into a rights-based approach and DPOs are taking the lead.

¹² <http://www.thecyberhood.net/documents/papers/nvsqarticle08.pdf>

Using DPOs as an entry point is a critical factor in this project and efforts to strengthen DPOs should not be underestimated. The close cooperation NLR have with the NDFN is a critical factor in this project.

4.3.2. How can this project serve as a model in other countries and what should be the input of this into the design of the multi-country programme?

The starting point for discussing how this project can serve as a ‘*model*’ in other countries, is that our assessment is based on its *usefulness* for a particular purpose, *not* as an *accurate predictor* for programme development.

The KPPs intend to be focused, resulting in positive impact for persons affected by leprosy and disability. KPP3 has the primary objective of integrating persons with disabilities into society so they can take an active part in society and lead a normal life¹³. The driving concept, reflecting DID principles, is the understanding a village (or community) which is friendly to disability will be friendly for all members of the community. Discussions with other countries, particularly Brazil, have expressed some concern about the term ‘villages’ as this will be more relevant for urban contexts. This is an important consideration, as the context in which principles are to be applied will be significant and contribute to the likely success or not.

Principles of this project, useful for the design of the multi-country programme are as follows: secure political support, promote a collective approach, ensure high levels of participation of persons with disabilities in the design of and implementation of subsequent programme activities, encourage widespread representation across multiple sectors of a community and increase the visibility of disability.

4.3.3. Which tools were identified which can be used by the other KPP 3 countries?

Findings of this evaluation suggest this project is particularly useful for smaller community settings where members of a community know each other, work well, try to understand existing situations and explore practical and affordable solutions for the development of the community, it is less clear how useful replication will be for larger urban settings.

Identified tools are as follows: Identify and strengthen DPOs; remain active members of CBOs and extend beyond DPOs; engage actively in networking activities, specifically with influential

¹³ NLR Document: Draft DID KPP3 Narrative Plan

community and political leaders; collaborate with other likeminded organisations; establish relevant livelihood projects and provide incentive (where necessary), and encourage the application of DID principles in project design and implementation. Sometimes invite yourself and publicly demonstrate the potential usefulness of your organisation for other organisational capacity development. Finally, Outcome Mapping has been a particularly useful tool in guiding the project.

5. CONCLUSIONS:

Several lessons have been learned from the OVMV project, that will be useful for feeding in to the KPP3 programme design. Garnering political will and engaging influential political leaders at local and national level, is crucial. Political will is essential for sensitising decision-makers to the needs of persons with disabilities and for pulling and mobilising resources. National level political will is essential for legal processes, specifically the development of disability related policies and regulations. Furthermore, it is important to coordinate well with key stakeholders of VDCs/Rural Municipalities such as women's groups, health groups, police, local transport committee's and business corporations. Political leaders need support from various sectors to implement policies and guidelines. It is important that persons with disabilities are also engaged in this process and invited to actively contribute to the formulation of policies and regulations. Local level political will and engagement, particularly if it results in the allocation of a budget, is essential for creating ownership of projects and in doing so increases the chances of commitment, success and sustainability.

The importance of networking and collaborative efforts should not be underestimated. Engaging wide sectoral collaboration has ensured the needs of persons with disabilities including persons affected by leprosy, is on the agenda of service providers and heightened the general community's awareness of their needs. Targeting women has been an important strategy. Engaging FCHVs is important as they are generally very familiar with local populations and their needs and are able to identify and reach target groups. Networking and collaborating with relevant stakeholders has been an empowering action and very much in line with DID principles.

The work undertaken by NLR Nepal in aiming to establish DFVs is inspiring and in many ways highly successful, particularly their ability to influence key stakeholders to pay attention to the needs of persons with disabilities and persons affected by leprosy. The collaboration with the NFDN is impressive and highly appreciated by the NFDN. The consensus among stakeholders about positively changed attitudes of community members toward leprosy affected and persons with disabilities is remarkable and comes close to what could be considered a 'model DFV' in terms of attitudinal barriers being removed. There are, however, some other areas that

NLR need to attend to if the project is to be more successful and move closer to a physically and economically barrier free 'model' DFV.

NLR Nepal need to widen their 'disability target group' and encourage involvement and meet the needs of a group wider than physically impaired, and include more sensory and intellectually impaired persons. Despite there being a few hearing-impaired people in our FGDs there was no one skilled in sign language. There is urgent need of sign language as well as need of greater involvement of persons (and their family members) with intellectual and/or severe/multiple disabilities.

The issue of livelihood needs more attention, despite positive reports from NLR about success in this area, many of the participants in this evaluation are very concerned about their lack of income and feel attention for this is still lagging. There is a request for financial support in this area.

Finally, NLR need to set by example and ensure barriers in their own offices are removed. The ramp in the Head Office is so steep it is not functionally useful and there are no handrails. The toilet is inaccessible for physically and visually impaired people, not to mention persons with severe disabilities. There is little attempt to cater for the needs of sensory impaired persons. The office in Biratnagar has no ramp and space in the office is very restrictive for persons using mobility aids. We are aware there are some restrictions, as the buildings are rented, but this is no excuse, if Municipalities/VDCs are pressured into providing accessible facilities, surely NLR Nepal's advocacy and lobbying efforts can be strengthened to apply pressure to their own landlords. Most of both private and government offices in Nepal are in rented buildings. NLR Nepal need to set an exemplary example, only then it can influence others for change. Attitudinal barriers are very much linked to physical barriers. NLR Nepal need to demonstrate the importance of having an accessible office for all types of disabilities. We are fully aware it is beyond the scope of NLR Nepal to bring about the required structural changes to facilitate a 'model' fully barrier free DFV. This requires considerable capital input and we appreciate NLR's position as *influencers* rather than *implementers*, however, we encourage NLR Nepal to strengthen their advocacy efforts to influence the removal of more physical barriers.

After reviewing the internal documents and conducting the field visit, including informal chit chats, the evaluation team prefers to use the term 'good practice' rather than 'best practice' in this report, as a so-called 'best practice' can always be improved. The evaluation agrees with

the definition, 'good practice' is a specific action that has achieved a positive impact on the lives of persons with disabilities and persons with disabilities confirm this to be the case¹⁴.

The ability to secure the engagement of political leaders and influential stakeholders in the community is an example of good practice in this project. The primary strategy that has facilitated this process has been to pay attention to the wider needs of the community, and working from a 'need based' approach. Identifying and responding to the wider needs of the community has been a top priority. The benefits of the project, felt by the wider community has positively changed the attitude of the community toward the persons they believe are responsible for the improvements in the community, namely those affected by leprosy and living with disability.

6. STRENGTHS AND LIMITATIONS

This evaluation was strengthened by having Dr. Bishnu Maya Dhungana on the evaluation team. Bishnu is a Nepali woman, women with a disability and she considerable experience in the international development world. This not only increased her acceptability among evaluation respondents, but also enhanced the evaluation teams understanding of critical issues facing persons with disabilities in the villages we visited. The other evaluator, Fiona Budge, has frequently visited Nepal over the past 12 years, and having lived in various low-resource settings is familiar about the situations of people living in such settings and persons with various types of disabilities in particular.

Qualitative methods used in the evaluation, enabled participants to express their thoughts and opinions comfortably. The use of some visual techniques offered a means of expression in an alternative and less pressured, more reflective manner.

Flight delays as a result of poor weather conditions, increased pressure on the evaluation team to meet as many people as possible during the first day of field visit. Some last minutes changes took place to adjust the interview schedule. Despite these limitations we are confident that we have captured the most important aspects of the task given to us. The evaluation team trusts the findings can serve as a valuable input to NLR IO and NLR Nepal when reviewing their programmes and approaches.

¹⁴ http://www.hiproweb.org/uploads/tx_hidrtdocs/MIWGuidelines_PG17.pdf

Annex 1: Field Visit Snapshots

Playdough exercise – participants use dough to create sculptures depicting driving principles of the DFVs



Overview elements



Hand shake partnership



School inclusion and accessibility



Removal of barriers and providing devices



Income generation – lemon trees, goats



Inclusion, education, government cooperation



Inclusive Started with health and hospital – now participation at centre



Global effort

Income generating projects – two women with kiosks



Early Childhood Education Unit – Inclusive of children with disabilities

DISABILITY FRIENDLY VILLAGES EVALUATION REPORT



VDC Health Post with disability and leprosy related posters



NLR Nepal team create posters depicting citical elements of the DFVs – images include: money/finance, inclusive education, removal of barriers, community cooperation



Person affected by leprosy – full and active member of the Keroun DPO



Inclusive education – education for all

