

USAID/NEPAL EVALUATION REPORT
FY 1982-4

Comprehensive Rehabilitation for the Disabled and Blind
(498-0251)
(IHAP)

Recommendations:

1. The NDBA Board of Directors should complete its overall revision of Board policy concerning the operation and scope of activities for NDBA.
2. AID should review with IHAP whether the August 1979 Grant Agreement Grant Proposal needs modification in view of recent NDBA policy changes.
3. IHAP should share reporting documents directly with AID Nepal as required by the Grant Agreement. This flow of documents should include Quarterly Reports, Annual Reports and relevant NDBA documents.
4. A closer working relationship should be developed between IHAP/Kathmandu and USAID/Nepal.
5. A review of the IHAP Project should be held as regards further dispensation of the Project as soon as AID is able to review full Project documentation.
6. AID should review with IHAP the NDBA Board's recommendation that a more experienced Chief Administrative Officer is required for the Project.
7. AID should review with IHAP the implications for this Project of the NDBA Board's decision to expand enrollment of the Khagendra Life Center from 125 to 200 resident patients.

Attachment: NDPA Issues Paper, February 2, 1982.

HFP: J. van der Vlugt *JAV*

A/FM:D. Mutchler *DM*

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PRM:W.B. Nance *W.B. Nance*

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Best Available Document

February 1982

Report of The First Annual Evaluation
For
Comprehensive Rehabilitation for the Disabled and Blind
(39-0251)
(IHAP)
February 5, 1982

Evaluation Setting

The first annual evaluation of the Comprehensive Rehabilitation of Disabled and Blind Project was held on February 5, 1982 in the AID Nepal Conference Room. The Evaluation was chaired by the Office of Program, and the following persons attended and participated:

NDBA: Dr. J.P. Pandey

IHAP: Mr. Arthur Taylor
Mr. F.G. Penney

AD: Mr. Thomas L. Pose

D/PDR: Dr. David Mutchler

ARC: Mr. Douglas R. Pickett

HFP: Dr. G. van der Vlugt
Ms. Signid Anderson

FM: Mr. M.R. Sharma

PRM: Mr. Paul D. Morris
Mr. John M. Ryan
Mr. E.C. Shrestha
Mr. William B. Nance

This was the first evaluation to be held for this project, which began with the signing of the Grant in August 1979. The purpose of the evaluation as stated in the Issues Paper (see Attachment) was to review the accomplishments to date under the Project and to determine to the degree possible the progress made toward meeting the overall objectives of the Project.

Project Accomplishments

The Issues Paper listed important tasks identified in the Project Paper. Against these various tasks the Issues Paper also outlined several accomplishments. IHAP elaborated on these major accomplishments during the evaluation session and discussed several other elements of project implementation.

Major Discussion Points

One of the major points of the evaluation focused on how the various endeavors of IHAP were expected to contribute to an overall

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comprehensive rehabilitation plan. The discussion by Dr. Pandey in this regard was extremely helpful. He noted that the Board of Directors of NDBA had for the last year been grappling with its own terms of reference. There had existed some confusion even within the Board concerning the distinction between NDBA, the Khagendra Life Center at Jorpati, and the functions of IHAP, the Ryder Cheshire Home, SOS, and the other components of NDBA. He pointed out that discussion has resulted in a fairly firm understanding currently of these different functions. The NDBA, for example, which is headed by a Board of Directors, is responsible for the overall policy of the Jorpati Center and for all programs under its jurisdiction. NDBA is not, therefore, synonymous with the Jorpati Center, although the latter comes under former's jurisdiction. He went on to explain that many of the NDBA policies are still evolving. As a case in point, IHAP prepared and submitted several months ago draft proposals for a Comprehensive Social Rehabilitation Program and for a Health Care and Medical Rehabilitation Program. Neither of these proposals has yet been approved by the NDBA Board of Directors. However, in both cases important parts of each of these programs are already under way.

Dr. Pandey also indicated that he and the rest of the Board consider the IHAP Project to be much more important to NDBA than the other social programs supported by other donors, such as the Ryder Cheshire Homes and SOS. The reason is that many of the concepts that NDBA currently is considering for inclusion in its policy perspective are taken from the broad concept of a comprehensive rehabilitation program as outlined in the IHAP Project Proposal. When that proposal originally was written, according to Dr. Pandey, NDBA was a relatively new organization and while many of the NDBA Board Members had an idea of what the organization wanted to do, there was no grand design or comprehensive proposal. The IHAP concept of bringing all the various elements of NDBA together and of improving, in a unified way, the various social, health, and education programs, provided a framework for development of a grand design.

Another major area of discussion during the evaluation concerned the flow of funding through IHAP to the Project. The IHAP Project has been instrumental in establishing a method of funds flow through the Social Services National Coordination Committee (SSNCC), under the latter's new operational instructions which came into effect in mid-1979. This Project under IHAP administration was in fact the first through which AID funds have been channelled under this new arrangement. Shortly after the arrival of the IHAP Project Adviser, he spent a great deal of time establishing a method of providing funding to the Project that was acceptable both to IHAP and would also be acceptable to SSNCC. The first attempts took several months to pass from that account to the account of the

Handicapped Services Coordination Committee and subsequently to the IHAP Project fund. The current procedure is that IHAP transmits checks to the Member-Secretary of SSNCC by letter, with copies of the letter to the Handicapped Services Coordination Committee and to concerned Project personnel. Funds flow from the IHAP convertible account in Kathmandu to SSNCC to the Handicapped Services Coordination Committee to the Project account. The entire process takes approximately one month. In some cases, even less time is required. After this procedure was established under the IHAP Project, other Private Voluntary Organizations have used the same approach. The system seems to be working smoothly and IHAP is confident that all of the funds being provided are reaching the Project account with adequate accountability and that long project delays are not being experienced.

AID Nepal requested last fiscal year that AID/Washington transfer the responsibility for the Project to the field Mission. AID also requested, as did IHAP Kathmandu, that responsibility be delegated from IHAP New York to the field for implementation of the project and in financial matters as well. In September 1981 AID Nepal was advised by AID/Washington that Project responsibility was being transferred to the field and that IHAP headquarters had been so advised. On the IHAP side, however, it is still unclear whether and what authority has been transferred to the IHAP Project Advisor by his headquarters. However, the IHAP Regional Director will visit Nepal in late February and at that time the Mission and IHAP are hopeful that this question will be resolved. As it stands now, IHAP New York has a single Letter of Credit against which all funding for Projects that it administers for AID are charged. As we understand the situation, the Federal Reserve Letter of Credit also includes funding for the IHAP Nepal Project.

Additional Comments

The Evaluation was quite useful in bringing together NDBA, IHAP and USAID officials around the same table. What emerged during discussions and following review by AID of the documents which were provided to AID during formal evaluation session was a much clearer picture of what NDBA is trying to accomplish and how the IHAP Project fits into that process. The substantive questions that were posed in the Issues Paper were addressed quite satisfactorily and showed that a great deal of thought has gone into project implementation so far. The NDBA attitude and apparent receptivity to the IHAP Project is indeed constructive. AID Nepal looks forward to reviewing the revised NDBA long-term plan which Dr. Pandey anticipates will be ready in about six months. In this regard it appears that the IHAP Project has had quite a large and favorable impact in helping NDBA to formulate its policy parameters.

Beyond the current structure of NDBA, Dr. Pandey indicated NDBA may receive land and another building in downtown Kathmandu. If

this occurs, it will provide NDBA with several new possibilities:

1. It could serve as a base for continuing contact with the Ministry of Cottage Industries, the Ministry of Education, and the Ministry of Health with respect to curriculum approval and substantive GON monitoring for vocational education, general education, and health and medical facilities, respectively.
2. It could serve as an outlet for many of the handicrafts that are produced at the Jorpati facility outside of Kathmandu.
3. It would provide additional physical facilities to accommodate the expansion currently planned for approximately 60% of the resident patients enrolled at Jorpati.

Another comment which Dr. Pandey made during the formal discussion pertained to a potential future role for IHAP. At the outset of the project, consideration for possible expansion of NDBA facilities was being given as a way of further expanding NDBA capabilities. One clear suggestion Dr. Pandey made indicated the NDBA Board of Governors was thinking in terms of seeking IHAP assistance in expanding beyond Kathmandu Valley to three satellite facilities in Pokhara, Dharan and Janakpur. Establishment of these new facilities would require technical assistance similar to that IHAP currently is providing to the Jorpati Center. Some thought should be given to whether IHAP would consider such a role either under the current Project or subsequently.

It was noted at the meeting that the AID Grant was expected to run for three years through August 1982, but that there was a considerable delay in initiating the Project, indicating that an extension of the Project might be necessary. The consensus of the evaluation group was that a further review of the Project should be held in about three months to consider extension of the Project beyond August 1982.

Comprehensive Rehabilitation for Disabled and Blind

Issues Paper

Project Description

On August 31, 1979 AID approved a three-year grant for this project. International Human Assistance Programs (IHAP), with AID assistance of \$360,000 over the life of the project, is working with the Nepal Disabled and Blind Association (NDBA) in carrying out this project. The objectives of the project are to improve administrative capacity, strengthen general education, vocational training of the NDBA; and to establish health care and social rehabilitation programs within NDBA. The project proposal identified several specific tasks to be accomplished during the three-year life, accomplishment of which would meet the project objectives. A summary of the most important tasks follows:

- Recruit, train and install a Chief Administrator for the NDBA Center
- Establish pre-testing/screening procedures for selecting resident-trainees (to be monitored by Cottage Industries Section of GOA)
- Establish effective ongoing general education system capable of transforming illiterate disabled persons (activity to be monitored by MOE)
- Upgrade ongoing vocational activities of knitting, hand-loom weaving, cane & bamboo, & carpet weaving
- Add new vocational activity of tailoring
- Expand vocational physical plant facility
- Establish a medical rehabilitation program

- Establish a health care program (new) for resident-trainees and staff
 - establish an adequate record & responding system up to WHO standards
- and
- Provide in-service training/post graduate training abroad
- Train one member of medical team (to be recruited) at the Physiotherapy Department of Bir Hospital for one year
- Establish a health care unit, a physio-occupational therapy facility, and an artificial limb and brace shop (supplies to be provided by WRF)
- Establish a social rehabilitation program (new)
- A joint NDRA/IHAP review to be held at end of each year
- Subject to availability of sources of funding other than this project, IHAP to support building the physical plant facilities at:
 - Dharan
 - Pokhara
 - Janakpur

Project Implementation Accomplishments

- By early December 1979, IHAP had identified the first possible project advisor for consideration by the Social Services National Coordination Council (SSNCC). It was not until March 1980, however, that SSNCC and IHAP were able to agree on a project advisor - Mr. Arthur Taylor - who arrived in Kathmandu in late May 1980.

- One of the first tasks was for IHAP to establish a method of providing funds to NDBA. This project was the first AID-funded activity to deal with the SSNCC under its new procedures requiring PVOs to channel project monies through the SSNCC mechanism. IHAP established a workable system of funds transfer which remains in effect for this and other projects.
- Construction work was undertaken at the NDBA Center.
- Request was made to procure a project vehicle.
- Short term social work consultant (from the Philippines) brought to NDBA.
- Study tour provided for NDBA staffer (7 weeks) in Orthopedic Surgeon Training (several Asian countries).
- Training provided (3 months) for two social workers in the Philippines.
- Training provided for physical therapist (two months) also in the Philippines).

Discussion of Implementation Problems

1. The first serious problem faced by this project concerned the flow of funds through SSNCC. AID and IHAP were concerned that IHAP be able to adequately account for U.S. government funds and that IHAP not lose control of these monies. SSNCC used the project as a test case through which it established an operational procedure. While AID did not get directly involved in the discussions between IHAP and SSNCC, it monitored the situation closely. When the

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project got underway, SSNCC was only beginning to implement new procedures which require foreign PVOs involved in social activities to a) be associated with a local PVO, and b) channel its program (but not administrative) funds through SSNCC (even this distinction was unclear at the outset). Through close discussions with SSNCC, IHAP was able to establish a procedure acceptable to it and to SSNCC. Project funds are transferred from IHAP headquarters to a convertible IHAP account in Kathmandu. The project advisor separates administrative funds from program funds and administers the former directly, i.e. housing expenses, office expenses, cables, stationary, etc. Program funds (training, project staff salaries, construction, program support and coordination) are deposited with SSNCC in a non-interest bearing account. These funds are then transferred through the Handicapped Services Coordination Committee (under SSNCC) to NDBA. The full process for completing the transfer has been reduced from several months to several weeks. Also, it appears that recently rather than physically transfer funds from SSNCC through the Community Services Committee, the Committee is merely informed of the transaction and funds flow directly from SSNCC to NDBA.

2. The project has not required project personnel, but IHAP/N staff (accountant/bookkeeper) has not been hired to date. NDBA has acquired personnel, the Chief Administrator for example, quite rapidly. Training of personnel has also been arranged smoothly. There is, however, a question as to whether the administrative capacity of NDBA is sufficient strong to handle the expanded center (see issues below).

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3. AID Nepal and IHAP have requested that full responsibility for the project be transferred to the field. This was done in late September 1981, although AID and IHAP field records have not yet been fully reconciled.
4. Responsibility for monitoring this project within AID Nepal shifted between offices, but has had no adverse affect on implementation of the project.

Issues

1. While the flow of AID (and other IHAP) funding to NDBA through the SSNCC mechanism seems to have been established to IHAP and SSNCC satisfaction, this procedure needs to be monitored to insure that IHAP can adequately account to AID for the proper use of funds.
2. Although the responsibility for project administration has been transferred to the field, AID Nepal and IHAP records have not been reconciled. In this regard, it is still unclear whether what authority the IHAP project advisor has given by IHAP New York. This transfer of authority needs to be clarified.
3. Despite several accomplishments with respect to construction of physical facilities and some training of staff, it is not clear how the strengthening of general education and vocational training are to take place. Similarly, the basis for establishing the health care and social rehabilitation programs are not obvious from reviewing project documentation. These linkages need to be established and a sense that a comprehensive rehabilitation program is being forged under this project needs to emerge.

4. A dearth of substantive reporting by NDBA and THAP regarding this project leads to a general impression that long-term planning regarding improving the institutional capacity of the NDBA Center has not been completed. NDBA had prepared a five year plan (1979-1983) before this project started, but no record of any attempt to relate this project to the NDBA plan subsequently was found in the project files. Neither the comprehensive administrative plan (mentioned in the project proposal--page 15) was not on file, nor was there evidence of and annual THAP/NDBA review. This type of substantive reporting could improve the long-term perspective of the project and clarify how it fits into the broader picture of improving services for disabled persons in Nepal.

5. Given the several donors and local organizations contributing to work under the general auspices of the NDBA, what is THAP's unique contribution through this project, and how will this work be continued after the project terminates?

PRM: 2/2/82

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