

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 Program (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 GOB)
- 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 NDPA/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).

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?

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