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## THE OMEGA INITIATIVE

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## FINAL PERFORMANCE/CLOSE OUT REPORT

PROGRAM OPERATION: SEPTEMBER 13, 2001-DECEMBER 31, 2009



*December 2009: This publication was produced by Pact Inc. for review by the United States Agency for International Development (USAID). The views and recommendations expressed in this report are solely those of the evaluation team and are not necessarily those of USAID or the U.S. Government.*

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## EXECUTIVE SUMMARY

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In an attempt to address the challenges posed by disability in sub-Saharan Africa, the Patrick J. Leahy War Victims Fund (LWVF) through the United States Agency for International Development (USAID) / Regional Economic Development Services Office/East and Southern Africa (REDSO/ESA) established the Omega Initiative. The \$13 million dollar program was implemented in 8 countries in Africa-- Ethiopia, Sudan, Kenya, Sierra Leone, Democratic Republic of Congo, Republic of Congo, Uganda and Tanzania. The program was implemented by to Pact, Inc. with the Vietnam Veterans of America Foundation (VVAf) from September 13, 2001 thru December 31, 2009.

To fully understand the advances made as a result of the OMEGA Initiative it is important to view the outcomes as facets of a bigger picture. The results for persons with disabilities has been demonstrated to be more effective and sustainable if facilities are well equipped, staff have the required capacity both in technical and operational terms, resources for the provision and repair of orthopedic and prosthetic devices are in place, policy exists to ensure government and other support to persons with disabilities, and that these individuals have access to secure livelihoods in communities that value their participation and do not ostracize or ignore them as a result of their disabilities. Thus the theory behind the Omega Initiative was that use of a multi-faceted approach would best improve the overall quality of life of civilian victims of war and other persons with disabilities.

During the life of the program the evaluators determined that the OMEGA Initiative *has* served to address and mitigate a significant number of challenges pivotal to the reintegration of people with disabilities. It *has* ensured that the lives of many people with disabilities have been influenced positively by the projects implemented and it *has* contributed to the realization of the objectives of the UNCRDP and ADDP --enabling persons with disabilities in the eight target countries to enjoy an appreciable improvement in quality of life and assisted them in making the first steps towards taking their rightful place in mainstream society.

In the absence of a true "baseline" in each of the target countries identifying the existing pre-program standards of care and quality of life of targeted beneficiaries -it is impossible to measure the precise increase of improvement. However, there is clear evidence to support that as a result of the OMEGA Initiative people with disabilities in 8 countries *have* an increased level of access to, or availability of essential orthopedic and prosthetic rehabilitation services, and facilities and services have been both newly established or significantly augmented to accommodate an increase in coverage. Additionally, the quality of the services that were available has been (in most cases) significantly enhanced through careful training, mentoring, improvement and technical oversight of facilities.

The OMEGA Initiative focused on assisting persons with physical disabilities (*in all countries except for Uganda where all disabilities were targeted*) and possibly the most far-reaching impact of the program was on general mobility of the target group. At the project's end, 7,000 prosthetics / orthotics were produced in Omega supported workshops; nearly 9,000 individuals received prosthetics or orthotics through Omega supported programming; and more than 10,000 individuals received some type of rehabilitative care/service, some by community workers who provided in home assistance and referrals to persons with disabilities in communities. Perhaps even more importantly twenty seven (27) facilities (and 13 mobile clinics) were established or improved through Omega funding that will continue to support the provision and maintenance of prosthetic/ and orthotic devices and rehabilitative services for those patients and will reach countless others well into the future.

Access to orthopedic reconstruction for club foot, prosthetic feet, legs and hands, the provision of wheelchairs, tricycles, crutches and other rehabilitation mobility devices provided the ability to move freely from one place to another and a degree of freedom to beneficiaries previously unknown. As a result of Omega, children who had never walked did so, amputees who had been confined to wheelchairs for years were released, and individuals regained some use of arms and hands.

Being more mobile impacted the level of fitness of persons with disabilities and produced a knock on effect on general health and wellness. Mobility impacted every aspect of the individuals' life and resulted in an immeasurable improvement in quality of life.

The ultimate goal of Omega was to improve the overall quality of life of civilian disabled persons and other persons with disabilities (holistically) by channeling targeted resources in support of implementation, expansion and strengthening of pre-existing and proposed rehabilitation services for civilian victims of war and other people with disabilities. The evaluation found that the impact of the OMEGA Initiative on both direct and indirect beneficiaries was immense and will have long reaching consequences in the disability sector for some time to come.

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## ACRONYMS

ADDP	African Decade of Persons with Disabilities
AIDS	Acquired Immune Deficiency Syndrome
CBM	Christofel Blinden Mission.
CBO	Community Based Organizations
CBR	Community Based Rehabilitation
CC	CAUSE Canada
CFCG	Congrégation des Frères de la Charité de Gand (Brothers of Mercy Gand)
CPA	Comprehensive Peace Agreement (CPA)
CRHP	Centre Rééducation pour Handicaps Physiques(Physical Rehabilitation Centre for
CTO	Cognizant Technical Officer
DAAG	Disability Awareness Action Group
DFID	Department for International Development (UK)
DPOs	Disabled Persons Organizations
DRC	Democratic Republic of Congo
FAO	Food and Agricultural Organization
FGDs	Focus group discussions.
GOSS	Government of Southern Sudan
HI	Handicap International
HI-B	Handicap International – Belgium
HIV	Human Immune-deficiency Virus
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome.
ICRC	International Crescent of Red Cross.
IGA	Income Generating Activities
JICA	Japanese International Cooperation Agency
KI	Key informant
LCD	Leonard Chesire Disability
LCI	Leonard Chesire International
LWF	Light for the World.
LWVF	Leahy War Victims Fund.
MCDI	Medical Care Development International.
MFI	Microfinance Institutions
MMR	Maternal Mortality Ratio
MoGSWRA	Ministry of Gender, Social Welfare and Religious Affairs
MoU	Memorandum of Understanding
NGO	Non Government Organizations.
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa
RFP	Request for Proposal
SCIAF	Scottish International Agency Fund.
SEM	Sudan Evangelical Mission.
SP	Stand Proud
SPLM/A	Sudan People’s Liberation Movement/Army.
SSWDWOC	South Sudan War Disabled Widows and Orphans Commission
TaTCOT	Tanzania Training College of Orthopedic Technology
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNMAO	United Nation Mine Action Office

USAID            United States Agency for International Development  
VVAFA           Vietnam Veterans of America Foundation  
WHI              World Hope International

## 1 BACKGROUND AND OVERVIEW OF THE OMEGA INITIATIVE

- 1.1 Background and Context
- 1.2 Expected Results of the Omega Initiative
- 1.3 Amount and Length of Award
- 1.4 Geographic Setting
- 1.5 General Implementation
- 1.6 Approach Roles and Responsibilities
- 1.7 Overview of the Evaluation Approach

### 1.1 BACKGROUND AND CONTEXT

#### Regional Context

In Africa persons with disabilities are unfortunately often marginalized at every level of development, be it at a national, provincial, district, or local level, persons with disabilities are commonly concerned about the lack of attention to their needs and rights. It would be incorrect to assume that this lack of attention is merely due to a lack of human resources and infrastructure; also to blame are weak organizations of persons with disabilities; little or no policy and legislation, and negative attitudes towards persons with disabilities<sup>1</sup>. On-going strife, wars, conflicts, occupational accidents, domestic accidents, neglect and stigma also impact negatively on persons with disabilities; and poverty is both an additional cause and consequence of disability.

Case studies in developing countries have highlighted that high disability rates are associated with higher rates of illiteracy, poor nutritional status, lower immunization coverage, and low birth weight, higher rates of unemployment and underemployment and lower occupational mobility. Disability can cause poverty by preventing the full participation of persons with disabilities in the economic and social life of their communities, particularly in situations where the appropriate supports and accommodations are not available<sup>2</sup>.

#### Response by the Patrick J. Leahy War Victims Fund and linkages to the international agenda

In an attempt to address the challenges posed by disability in sub-Saharan Africa, the Patrick J. Leahy War Victims Fund (LWVF) through the United States Agency for International Development (USAID) / Regional Economic Development Services Office/East and Southern Africa (REDSO/ESA) issued a Request for Applications (RFA) (No. 623-01-009) and Pact Inc. responded to the RFA with a proposal for the implementation of a regional African program. The cooperative agreement was signed on September 13, 2001 with work commencing shortly after the agreement's issuance.

The OMEGA initiative was particularly timely as a response mechanism in that it came into being simultaneously with international deliberation on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). UNCRPD marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It takes to a new height the shift from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as active members of society<sup>3</sup>.

<sup>1</sup> Website: <http://www.africandecade.org/>: African Decade of Persons with Disabilities

<sup>2</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: United Nations Convention on the Rights of Persons with Disabilities

<sup>3</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: United Nations Convention on the Rights of Persons with Disabilities

The UNCPRD is intended to be a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

The implementation of the OMEGA initiative also coincided with the implementation of the African Decade of Persons with Disabilities (ADDP) (2000-2009) a development program designed to give fresh impetus to the implementation of the World Program of Action concerning Disabled Persons in Africa beyond 1992 and strengthening regional co-operation to resolve issues affecting the achievement of the goals of the World Program of Action, especially those concerning the full participation and equality of persons with disabilities, as well as those contained in the UN Standard Rules on (Equalization) of Opportunities for People with Disabilities which relates to education, training and employment. The objective of the decade was to enhance the quality of life, full participation and empowerment of all categories of disability in all spheres of life through the implementation of objectives, principles and strategies outlined in the ADDP. In July 2008 the African ministers responsible for disabilities and social welfare agreed to the extension of the program for a further ten year term.

So while the world, through international government multi and bi-lateral discussions and negotiations, was engaged in addressing issues affecting the lives of persons with disabilities; USAID, LWVF and Pact worked to implement these ideas through practical action addressing the challenges faced by persons with disabilities in Africa.

## 1.2 EXPECTED RESULTS OF THE OMEGA INITIATIVE

### The Broad Goal of the Omega Initiative

The OMEGA program's primary goal has been to improve the overall quality of life of civilian disabled persons and other persons with disabilities<sup>4</sup> (holistically) by channeling targeted resources in support of implementation, expansion and strengthening of pre-existing and proposed rehabilitation services for civilian/victims of war and other people with disabilities<sup>5</sup>.

### Objectives/ Intermediate Results Anticipated

The OMEGA initiative had 4 objectives /Intermediate results:

**IR1: Physical Rehabilitation**--Increased use of appropriate orthopedic and rehabilitation services.

This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries. By increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement the OMEGA program has an immediate positive impact on the mobility of people with disabilities, which in turn has an impact on every aspect of the life of these individuals.

<sup>4</sup> Throughout this document the term 'people with disabilities' is used to include both civilian victims of war and other people with disabilities.

<sup>5</sup> Throughout this document the term 'people with disabilities' is used to include both civilian victims of war and other people with disabilities.

**IR2: Improved Policy Environment**--Improved policy environment for disabled people and civilian victims of war.

This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities. This objective was to be met by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

**IR3: Improved Institutional Capacity**-- Improved institutional capacity to deliver quality services.

This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for people with disabilities. This was to be achieved through changes and/or advances in the technology used and necessitated the provision of internationally recognized and standardized training and technical assistance.

**IR4: Social and economic reintegration:** Increased social and economic reintegration of disabled people and civilian victims of war.

This result focused on creating conditions and mechanisms that help people with disabilities to participate and contribute as productive members of society in both a local and global context. Examples include: increasing target group enrolment in formal and non-formal education; increasing participation in recreational and cultural activities; and increasing participation in household and community-level economic activity and growth.

### 1.3 AMOUNT AND LENGTH OF AWARD

The original OMEGA award document provided \$8,000,000 for a program extending from September 13, 2001 through September 12, 2006. Over the life of the agreement there were 6 modifications to the original OMEGA award which resulted in an extension of the program to December 31, 2009 and brought the total monetary value of the program to \$13,351,885

*(See Annex 1 for further discussion on each modification)*

**Table 1: OMEGA Initiative Budget Distribution**

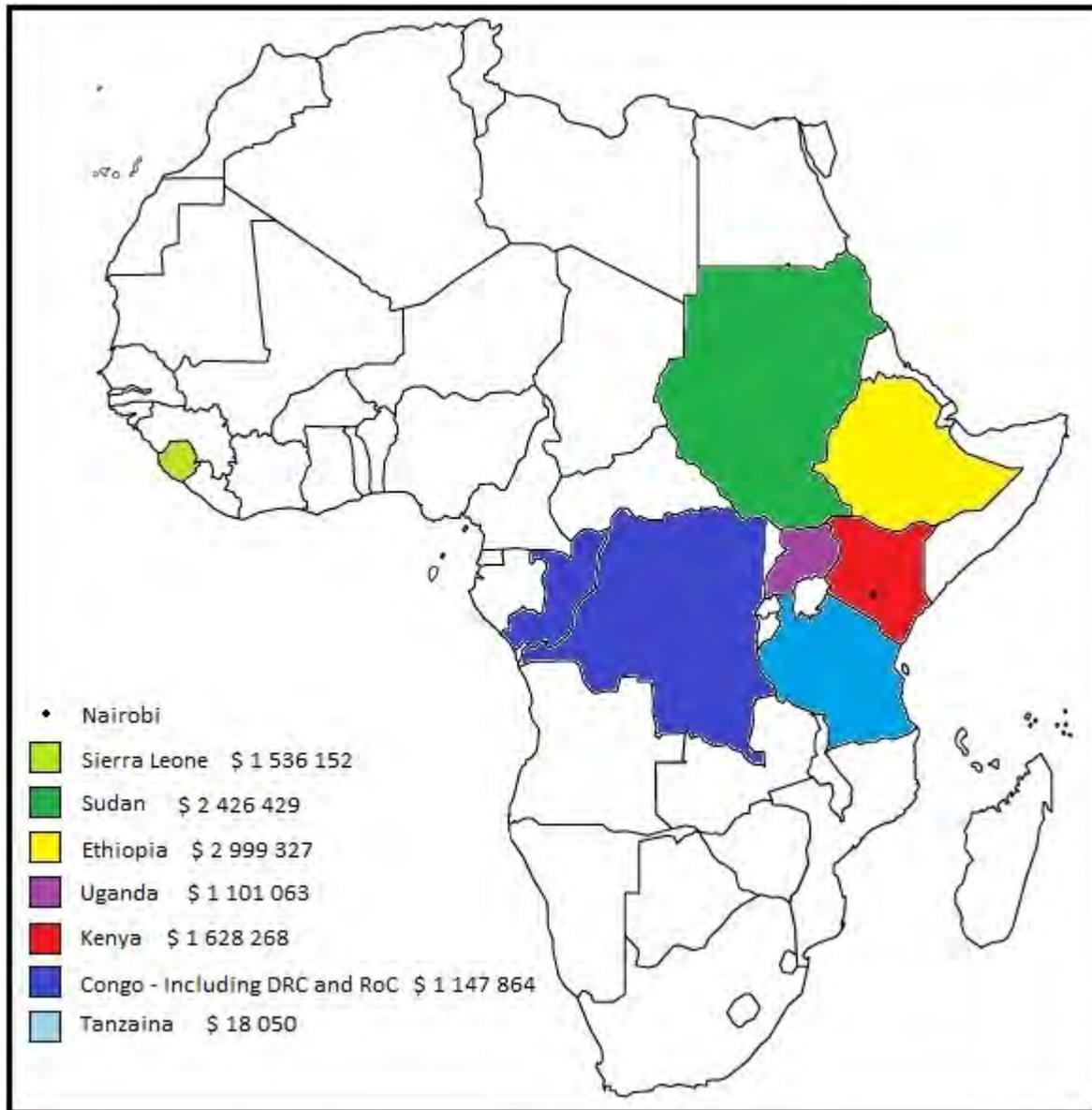
DESCRIPTION OF BUDGET CATEGORY	APPROVED BUDGET SEPT 13, 2001 – DEC 31, 2009
Salaries	\$ 884,389
Travel & Per Diem	\$ 122,723
Allowances	\$ 66,879
Program Activities	\$ 193,403
Other Direct Costs	\$170,345
Sub-awards & Small Grants	\$11,090,951
Indirect Costs	\$823,195
<b>TOTAL BUDGET</b>	<b>\$ 13,351,885</b>

\*Program Activities includes training and workshop costs as well as consultant costs

\*Other Direct Costs includes all operational costs including equipment

1.4 GEOGRAPHIC SETTING

Figure 1: Map illustration of OMEGA total disbursements in target countries



## 1.5 GENERAL IMPLEMENTATION APPROACH

There were four (4) components to the OMEGA Initiative that framed the overall approach in achieving the set objectives:

1. **Model Project:** The original vision of OMEGA included replication of a model program to other country settings. The idea being to replicate the program (as a whole or in part) to demonstrate that it was (1) possible have a significant positive impact on the lives of persons with disabilities and (2) demonstrate that a multifaceted approach is required to have quality impact.

The model project was the *Rehabilitation Center in Dessie Ethiopia* which drew upon VVAF's service delivery skills in physical rehabilitation and Pact's developmental approach with a focus on local leadership and sustainable solutions for and with persons with disabilities.

More specifically:

- VVAF provided technical skill delivery support to the Center in Dessie which provided physical therapy services, and to a satellite workshop in Bihar Dar which produced mobility aids.
  - Pact focused on three key areas to enhance the quality of life of persons with disabilities: Working with microfinance institutions (MFIs) to help persons with disabilities access these opportunities: Expansion of access to basic services including education, health, employment and agriculture; and, strengthening of advocacy initiatives and capacities of disabled persons organizations in Ethiopia.
2. **Regional Sub-Grant Mechanism:** The OMEGA Initiative was based on the premise that local organizations are critical in implementing a truly multifaceted approach to the numerous issues that impact on the lives of people with disabilities. To that end the Omega Initiative was designed specifically to include a sub-grant making mechanism to fund local organizations working on the disability sector in each country of operation.
  3. **Technical Support:** The Omega Program was designed to include *Technical Support Services with a Rehabilitative Focus* for sub grantees of the OMEGA program.

Originally the idea was that these technical services would be provided by VVAF from their base in Ethiopia in all target countries but during award negotiations it was agreed that two technical advisors (one Prosthetics / Orthotics Specialist, and one Physical Therapist) would join the project as part of the VVAF sub-award, but be based at Pact Kenya in Nairobi. This provided a unique strategy to ensure on-going technical feedback and guidance throughout the project administration period on the ground. *These individuals replaced the DPPI element in April 2002.*

Technical support from Pact was to be focused on microfinance processes, expansion of access of people with disabilities to basic services and strengthening disabled persons organizations capacity to advocate for policy change.

4. **Regional Program Management:** The funds for the Omega Initiative originated in Washington DC from USAID's Patrick Leahy War Victims Fund, but it was determined that day to day program management would be handled by REDSO/ESA (Regional Economic Development Services Office/East and Southern Africa) office in Nairobi and the Cognizant Technical Officer (CTO) also based in Nairobi.

5. **The Omega program was managed by the REDSO/ESA for several reasons;** (1) Both Pact Inc. and Pact Kenya already had structures in place in Nairobi, (2) travel from Nairobi to other cities in the region is most cost effective, (3) locating the regional office near the model project in Ethiopia allowed for the provision of enhanced collaboration, monitoring and support, (4) and the CTO was initially based in the REDSO office in Nairobi.

## 1.6 ROLES AND RESPONSIBILITIES

The original Award document outlined the relationship and roles of the following organizations:

- **Pact Inc.:** Responsibility for overall program management and reporting (Program Director);
- **Pact Kenya:** Comprehensive sub grants management and reporting and information management and coordination for enhanced public awareness, policy dialogue and improved access to essential services and livelihood/recreational options (Program Coordinator, Grants Manager, Financial Analyst);
- **Vietnam Veterans of America Foundation (VVAf):** Technical inputs and oversight, particularly with regard to physical rehabilitation (Technical Advisors); and
- **Disability Policy and Planning Institute (DPPI):** Technical insights and support to create an enabling policy environment for people with disabilities.
- **USAID:** Though funds originated in Washington DC from USAID's Patrick Leahy War Victims Fund, program management was handled by REDSO/ESA (Regional Economic Development Services Office/East and Southern Africa) office in Nairobi and the Cognizant Technical Officer (CTO) also based in Nairobi.

## 1.7 OVERVIEW OF THE EVALUATION APPROACH<sup>6</sup>

This close out report presents the findings of the *Omega Close out Evaluation*. The evaluation was undertaken by a team of 5 individuals with international and regional experience in physical rehabilitation including international and regional policy development and mainstreaming, implementation and review of physical rehabilitation within larger disability programs.

Leadership and coordination of the evaluation team was provided by Pact and an external evaluation consultant<sup>7</sup>. The evaluation focused on 6 countries where the program worked-- Sudan, Kenya, DRC, Tanzania, Sierra Leone, DRC Congo and Ethiopia. Uganda was covered in a separate evaluation which has already been produced and distributed but some of the key results are included herein; and efforts in RC Congo were covered tangentially through the DRC review.

The objectives of the evaluation were as follows:

1. Review the extent to which the OMEGA program interventions were achieved (what disability services were provided, who received them, when, how and who provided the services);
2. Determine if the projects funded under the OMEGA program met their stated objectives -- to what degree were the grantees successful in increasing the availability and accessibility of essential physical rehabilitation services, etc;

<sup>6</sup> The Evaluation design developed by the evaluators is included in Appendix B

<sup>7</sup> Evaluators CVs are included in Appendix F.

3. Examine the extent to which Pact's small grant mechanism and technical assistance enhanced the capacity of grantees to implement quality disability services. That is review ...
  - The ease and quality of the Grant Making process ;
  - The type and quality of technical capacity provided through the grant; and,
  - The resulting capability of grantees to implement quality services;
  - General sustainability of the grant activities
4. Assess the extent to which the program made a difference in the lives of beneficiaries of the project by investigating if and to what extent the project activities/initiatives actually benefited the intended recipients; what was the most significant change in the lives of the beneficiaries as a result of project activities?
5. Determine if these benefits can be fairly attributed to the project activities.
6. Identify what key factors determined the success and failures in implementation of the project, and what key lessons can be drawn that should be considered for the future program planning and implementation?<sup>8</sup>

The methodological design of this evaluation employed a variety of techniques and processes including:

- The inclusion of individuals with extensive international and regional experience in physical rehabilitation including but not limited to international and regional policy development, and mainstreaming, implementation and review of physical rehabilitation within larger disability programs;
- Strong leadership and coordination of the evaluation team provided by Pact and an external evaluation consultant<sup>9</sup>; and,
- Evaluation oversight by the Pact's Africa Regional Support Unit based in Kenya.
- Document review of all relevant project documents at the Pact and Sub-grantee level<sup>10</sup>;
- Development of interview guides for all key informant interviews;
- Conducting on site data collection activities simultaneously in implementing countries;
- Targeted interviews of key informants in sub-grantee organizations (including managers or individuals who had a close association with the OMEGA funding), beneficiaries and other stakeholders of projects implemented by sub-grantee organizations and OMEGA staff<sup>11</sup>; and,
- Observation and recording information by key informant interviewers during and after interviews;
- Discussion and ongoing collaboration of the evaluation team members to common understanding and triangulation of findings;
- Triangulation of findings from interviews, documents and observation to ensure validity of reported OMEGA results;
- Writing and editing of draft country evaluation reports by the evaluation team members;
- Regular meetings of all evaluators to ensure cohesive and consistent understanding of evaluation requirements, discuss and compare findings and formulate recommendations;
- Review and editing of country evaluation reports by the lead evaluator;
- Review of the previously completed Lira evaluation conducted in Uganda in March 2009 and inclusion and comparison of findings with the current evaluation<sup>12</sup>; and,
- Collation of country evaluation reports into a single cohesive OMEGA program report.

<sup>8</sup> The Evaluation design developed by the evaluators is included in Appendix B

<sup>9</sup> Evaluators CVs are included in Appendix F.

<sup>10</sup> A comprehensive list of all documents reviewed is included in Appendix E.

<sup>11</sup> A comprehensive list of all individuals interviewed is included in Appendix D.

<sup>12</sup> The complete Uganda Lira project evaluation report is available for review in the Pact Inc. Offices in Nairobi, Kenya

Several significant constraints and limitations affected the evaluation of the OMEGA program:

- Many of the projects funded under OMEGA had closed years before the evaluation, limiting institutional memory and documentation from which to draw information.
- The distribution of beneficiaries meant that not all selected beneficiaries could be interviewed.
- In some countries the infrastructure made it impossible to visit all the selected beneficiaries.
- Inclement weather prevented the evaluation team from visiting all sub grantees and beneficiaries.

## 2 OVERALL REVIEW OF RESULTS / EVALUATION FINDINGS

- 2.1 Overall Review / Evaluation Findings by Goal / Ultimate Impact
- 2.2 Overall Review / Evaluation Findings by Intermediate Result
- 2.3 Overall Review / Evaluation Findings by Country Results
- 2.4 Overall Review / Evaluation Findings on Implementation Approach

### 2.1 OVERALL REVIEW OF RESULTS / EVALUATION FINDINGS BY GOAL / ULTIMATE IMPACT

#### Introduction to Overall Review of Findings

To fully understand the advances made as a result of the OMEGA Initiative it is important to view the outcomes under the intermediate results as facets of a bigger picture. The results for persons with disabilities has been demonstrated to be more effective and sustainable if

- Facilities are well equipped,
- Staff have the required capacity both in technical and operational terms,
- Resources for the provision and repair of orthopedic and prosthetic devices are in place,
- Policy exists to ensure government and
- Other support to persons with disabilities has access to secure livelihoods in communities that value their participation and do not ostracize or ignore them as a result of their disabilities.

Thus the theory behind the Omega Initiative was that use of a multi-faceted approach would best improve the overall quality of life of civilian victims of war and other persons with disabilities.

During the life of the program the evaluators determined that OMEGA Initiative *has* served to address and mitigate a significant number of challenges pivotal to the reintegration of people with disabilities. It *has* ensured that the lives of many people with disabilities have been influenced positively by the projects implemented and it *has* contributed to the realization of the objectives of the UNCRDP and ADDP --enabling persons with disabilities in the eight target countries to enjoy appreciable improvement in quality of life and assisted them in making the first steps towards taking their rightful place in mainstream society.

In the absence of a true “baseline” in each of the target countries identifying the existing pre-program standards of care and quality of life of targeted beneficiaries -it is impossible to measure the precise increase of improvement. However, there is clear evidence to support that as a result of the OMEGA Initiative people with disabilities in 8 countries *have* an increased level of access to, or availability of essential orthopedic and prosthetic rehabilitation services, and facilities and services have been both newly established or significantly augmented to accommodate an increase in coverage. Additionally, the quality of the services that were available has been (in most cases) significantly enhanced through careful training, mentoring, improvement and technical oversight of facilities.

### From Immobility to Mobility

The OMEGA Initiative focused on assisting persons with physical disabilities (*in all countries except for Uganda where all disabilities were targeted*) and possibly the most far-reaching impact of the program was on the mobility of the target group. Access to orthopedic reconstruction for club foot,

'We are now physically fit and can play, can dance and can participate in competitions.'

*Person with Disabilities –Sierra Leone*

prosthetic feet, legs and hands, the provision of wheelchairs, tricycles, crutches and other rehabilitation mobility devices provided the ability to move freely from one place to another and a degree of freedom to beneficiaries previously

unknown.

As a result of Omega children who had never walked did so, amputees who had been confined to wheelchairs for years were released, and individuals regained some use of arms and hands.

Being more mobile impacted the level of fitness of persons with disabilities and produced a knock on effect on general health and wellness. Mobility impacted every aspect of the individuals' life and resulted in an immeasurable improvement in quality of life.

The impact of mobility on education was also apparent, persons with disabilities who had mobility assistance reported they attended school more regularly, were less tired at school as they expended less energy getting there, their academic performance increased and they were more likely to be able to engage with their peers and participate in recreation activities.

Mary was six years when she was bitten by a snake and developed an ulcer which could not be cured. She suffered from severe pain for six years until she was identified by the OMEGA program and advised to have her limb amputated. She was later fitted with a prosthetic. She used to miss school frequently as was in severe pain. Mary comes from a very poor family. Her life has changed as she now has no pain at all and attends school regularly.

*Southern Sudan*

An impact of mobility on employment was also noted. This is particularly true when mobility is combined with vocational training. Respondents reported that being mobile allowed individuals to participate in family life, to take care of children, support families and attend family gatherings. For many, increased mobility provided the means for increased esteem and self actualization.

Respondents reported that an increase in income allowed them to send their children to school, or enroll themselves in school, they reported being able to feed themselves and their families and purchase clothing and shoes. This broadened the impact of the OMEGA Initiative significantly and the evaluators determined that there is sufficient evidence to report a significant improvement not only in direct beneficiaries but also in the quality of life of indirect beneficiaries (such as children of the persons assisted).

I was the master beggar but now I'm able to support my family from the small business that I am doing because of the support from Cause Canada and OMEGA; the provocation and stigma that I used to suffer in the community is now gone and my life is now good"

*Person with Disabilities - Sierra Leone*

### From Isolation and Misery to Cheerful Public Life

Without exception all persons interviewed indicated that the OMEGA Initiative reduced the stigma associated with being disabled.

Many reported that before Omega their families were ashamed of them and they were often restricted to the home, and often alone.

"I was disowned by my people but I got help from OMEGA when I was begging on the streets. I'm now the captain of the football team"

*Person with disabilities - Sierra Leone*

Years of exposure to stigma had often resulted in the internalization of stigma and persons with disabilities (feeling that they were of no use to society). Many beneficiaries indicated that stigma resulted in their families also being shunned.

OMEGA assisted in reducing this stigma. Men and women with disabilities reported that they are more commonly participating in society. Omega evaluators noted beneficiaries were successful and respected business people; participate in sporting activities, sitting on councils and actively participating in communities. Mothers of children with disabilities reported that they were no longer summarily ostracized by their communities—they are able to make friends and interact with other members of their communities.

Through Omega disabled children across the region have been supported to access education. As a result of enrollment into the formal education system, children with disabilities can make friends, learn together with other pupils and become academic achievers. Education has removed them from isolation and prevented their being perceived as useless members of their societies.

Respondents frequently reported that OMEGA took the shame out of disability and assisted in dealing with the trauma of being disabled. Through counseling provided to persons with disabilities, many have come to accept that they have a disability, but know that they still have a place in society and have claimed that place with pride. This reported reduction in stigma has additionally assisted in providing confidence to persons with disabilities and the families of persons of disabilities to seek treatment for themselves or their family members.

The ultimate goal of Omega was to improve the overall quality of life of civilian disabled persons and other persons with disabilities (holistically) by channeling targeted resources in support of implementation, expansion and strengthening of pre-existing and proposed rehabilitation services for civilian victims of war and other persons with disabilities.

The evaluation finds that the impact of the OMEGA Initiative on both direct and indirect beneficiaries was immense and will have long reaching consequences in the disability sector for some time to come. Findings also indicate that sustained improvement in the lives of persons with disabilities certainly requires a multifaceted approach.

Based on the evidence evaluators determined that Omega met its goal and delivered and demonstrated that an improvement in the living standards and life choices of persons with disabilities not only needs but requires a multifaceted approach and moreover the evaluation finds that the major success of the OMEGA Initiative was at the impact level-- improvement in quality of lives of targeted beneficiaries – persons with disabilities.

## 2.2. OVERALL REVIEW / EVALUATION FINDINGS BY INTERMEDIATE RESULT

### 2.2.1 IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services

One of the objectives of Omega was to increase the use of appropriate Orthopedic and Rehabilitation Services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### Key Results

##### From Inefficiency to Effective Service Provision

During data collection it became apparent that there were five key approaches utilized to bring achievements in this result area:

- Improving orthopedic and rehabilitation facilities
- Provision of technical assistance to improve the quality of rehabilitative services / care
- Provision of prosthetic devices to people with disabilities
- Establishment of repair and maintenance facilities for assistive aids.
- Provision of home based care interventions for people with disabilities.

**“Through Omega, facilities and services have been both newly established or significantly augmented to accommodate an increase in coverage and the quality of the services available enhanced “**

*Conclusion drawn from the Evaluation Team December 2010*

Seventeen (17) facilities (and 13 mobile clinics) were provided support across 8 countries:

1. CRHP Centre in Kinshasa, DRC
2. Red Cross Center in Kalembe Lembe, DRC
3. Mougali Centre in Brazzaville, RoC
4. Bacongo Centre in Brazzaville, RoC
5. Bahir Dar Centre, Ethiopia
6. Awassa Orthotic and Prosthetic Centre, Ethiopia.
7. The Gait Training Center and physiotherapy area of Dessie Orthopedic Center, Ethiopia
8. AIC Bethany Orthopedic and Rehabilitation Center, plus mobile clinics, Kenya
9. PCEA Kikuyu Orthopedic and Rehabilitation Center, Kenya
10. APDK Clinical Rehabilitation Centre (including the wheelchair workshop, orthopedic workshop), Kenya
11. Jaipur Orthopedic and Rehabilitation Workshop, Kenya
12. Kangemi Orthopedic Centre (KOC), NARAP, Kenya
13. Bo government hospital in Bo District, Sierra Leone
14. Koidu Government Hospital in Koidu District, Sierra Leone
15. National Rehabilitation centre (NRC), formally called Leg and Foot centre (LFC) in Freetown, Sierra Leone
16. Rumbeck/ Lake States Rehabilitation Services, Sudan
17. Lira District Union Metal and carpentry workshop Uganda

Along with facilities improvement, technical assistance was provided and other types of support to encourage quality improvements. For example In Congo, Caritas worked with other donors to initiate an *exchange program* between the Moulinga Centre and doctors from Kinshasa who today treat one another's patients on a no fee basis; while in Kenya the AIC Bethany and the PCEA Kikuyu orthopedic and rehabilitation centers now act as referral centers for the beneficiaries of physical and orthopedic rehabilitation.

More than 7,000 prosthetics / orthotics were produced in Omega supported workshops; nearly 9,000 individuals received prosthetics or orthotics through Omega supported programming; and more than 10,000 received some type of rehabilitative care/service, some by community workers who provided in home assistance and referrals to persons with disabilities in communities.

Staff at the Centers report that the improvement of rehabilitative facilities, institutional capacity building and technical assistance provided through OMEGA funding had a marked impact on the ability of targeted centers to provide services to persons with disabilities.

All centers reported an increase in the number of patients, the quality of services and the variety of services being offered to persons with disabilities. Staff is proud of their ability to better assist persons with disabilities.

### **Overall Finding**

As a result of the OMEGA Initiative people with disabilities in 8 countries **have** an increased level of access to, availability of and use of essential orthopedic and prosthetic rehabilitation services.

Through Omega, facilities and services have been both newly established or significantly augmented to accommodate an increase in coverage and the quality of the services available have largely been significantly enhanced through careful training, mentoring, improvement and technical oversight of facilities.

### **Notable Challenges**

- Sub-grantees in several countries reported issues surrounding provision of supplies for production of prosthetics. Of particular note were issues in Sierra Leone where significant delays in production were tied to a necessity to purchase materials from outside the country. Also of concern is a provision issue in Southern Sudan where the front wheels of the tricycles (being promoted by Omega) were not available in country.
- Sub-grantees who were producing prosthetics and wheelchairs often noted a definite need for more conveniently located and affordable maintenance and repair services. Noting that not all targeted beneficiaries could travel to the main Rehabilitative Centers for routine maintenance and needed local solutions.

### 2.2.2. IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.

Another objective of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

#### Key Results

##### From Voiceless to Advocate

The greatest levels of success at the *national level* were apparent in Tanzania and Sierra Leone where OMEGA sub grantees participated significantly in the development of national policy relating to people with disabilities.

In the majority of Omega countries, however the focus was placed at the *local/district levels* with greater emphasis on generating awareness of the issues faced by people with disabilities and creating community awareness and response around issues for reintegration.

#### National Legislation Drafted

As a result of the sub-grantees efforts under Omega, two National level policies were drafted --The *Disabilities Act for Tanzania and the Disability Bill for Sierra Leone*. Both represent significant improvement in the policy environment for persons with disabilities.

#### 1. Increasing the voice of and concern for people with disabilities in media and public debate

- In Uganda, awareness rising focused on the Disabilities Act and the formation of 14 Sub-County Councils in Lira District, additionally 30,000 posters were printed and 55 individuals were trained. This immediately resulted in support for the building of ramps for person with disabilities and improvement in legal rights—for example, the Sub-County Councils brought several cases of abuse to the attention of local authorities (grabbing of land belonging to persons with disabilities and the use of abusive language towards persons with disabilities; and the rights of the over 3000 persons with disabilities (blind persons, deaf persons, physically impaired persons) in the District were highlighted .
- In Ethiopia, policy work focused on creating awareness on the legal rights afforded persons with disabilities under Ethiopian law and on the needs of persons with disabilities - more than 500 participants attend 6 workshops, including selected government officials, NGOs working in disability, persons with disability, and other respected members of the communities. As a result of these, Government officials and representatives at Woreda level supported the communities to develop community action plans to address issues affecting persons with disabilities. Though the Government has not managed to provide resources to implement the plans, through the social development office the communities have managed to implement many of the initiatives.
- In Southern Sudan and Congo, work focused on training community “advocates” .

- In Congo eighty-eight (88) individuals were trained in how to raise awareness, initiate and actively lead community initiatives (such as income generation activities) to improve the lives of people with disabilities highlighting their integration and reintegration of persons with disabilities into their communities.
- Also in Uganda, several advocacy/support based organizations were established (including the Land Mine Survivors Support Association and Spinal Injuries Association-Lira).
- In Southern Sudan, eighty (80) community leaders on were trained on the issues faced by people with disabilities Community Rehabilitation Committees (composed of school teachers, health workers, parents of children with disabilities, persons with disabilities and representatives of civil authority) were established in the 7 Payams and are responsible for all matters related to disability within their communities. These committees are still operational in Southern Sudan. Also in Southern Sudan, general awareness raising activities were conducted targeting 300 parents.
- In Sierra Leone, work focused on raising the voice of and concern for people with disabilities through the media – with the broadcast of 28 radio programs between July 2003 and June 2005 highlighting reintegration issues.
- In Kenya, the program’s work focused on raising awareness through sports. The Wheelchair Basketball Federation (KWBF) worked to have wheelchair basketball mainstreamed into the national sports activities overseen by the Kenya National Sports Council. As a result the Government contributed approximately \$2,800 (USD) towards player’s allowances. The KWBF was identified in 2004 by the International Wheelchair Basketball Federation (IWBF) as capable of hosting an international event; and as a result Kenya was given the opportunity to host the under-22 World Junior Championship qualifiers of wheelchair basketball in April/May 2005;
- In Tanzania, Omega sub-grantee DOLASED is generally acknowledged by all respondents to have raised the profile of disability issues and promoted the protection of the rights of persons with disabilities through the use of both print and electronic media (TV, Radio and newspapers). Using Omega funding DOLASED became one of the first organizations in country to use the media to report on the rights of persons with disabilities.

**What if anything changed as a result of the policy work undertaken...?**

“Most government officials never knew that there are provisions in Ethiopian law that requires certain rights and privileges be accorded to people with disabilities. This started to change after the workshops.”

*Mr Ato Abebe, 32, participant in workshops organized by ADA*

**2. Enhancing the laws and regulatory environment for people with disabilities**

- In Sierra Leone, two OMEGA sub grantees initiated, through the Sierra Leone Union on Disability Issues (SLUDI), the drafting and support of the Disability Bill for Sierra Leone by the conference of Disabled People’s Organizations that contributed to and ratified this bill. The Disability Bill has been passed to the Law Reform Commission prior to going to parliament after which it will become law.
- In Tanzania Omega sub-grantee DOLASED was commissioned by the government to draft a new Disabilities Act to be passed before the end of 2010.

- Omega sub-grantee DOLASED served and continues to serve as a key advocate and leader for policy improvements both in Tanzania and globally, for example during Omega they successfully lobbied for:
  - An issue of a special “Directive” from the Tanzanian Government that called for each District to set aside 3% of its budget to address disability issues.
  - The inclusion of the provisions on improved education and employment, accessibility to public buildings, and economic empowerment and legal reforms for persons with disabilities in the Chama Cha Mapinduzi Manifesto in 2005;
  - The ratification of the UN Convention on the Rights of Persons with Disabilities in Tanzania;
  - Electoral reform – lobbying the Tanzanian Electoral Commission for the development and inclusion of tactile ballot papers during elections in 2005;
  - DOLASED also represented Tanzania in the development of the UN Convention on the Rights of Persons with Disabilities;
- Also in Tanzania, OMEGA funding provided salaries of 2 qualified lawyers who established 4 legal aid centers in Daresalaam, Dodoma, Mwanza and Tabora and 30 persons with disabilities were trained in legal aid and human rights. Ten others were trained as paralegals with a focus on the issues facing people with disabilities and these individuals then referred 92 people with disabilities to the legal aid centers established. Eleven cases involving persons with disabilities were brought to courts of law and of the balance of cases, 75% were determined out of court by the legal aid centre established and staffed with OMEGA funding. Many of these cases not only highlighted some of the issues faced by persons with disabilities but also directly improved the economic situation of beneficiaries.
- In Ethiopia, OMEGA sub grantees successfully lobbied for the mainstreaming of disability issues into national policies, specifically the HIV/AIDS Act and Legislation and the National Strategy for Growth and Poverty Reduction. OMEGA sub grantees also successfully lobbied for the Government to set aside land to construct several Centers for People with Disabilities. The land on which the Bahir Dar and Dessie centers were constructed by VVAF was provided by the Federal Governments as was the land on which the Cheshire Foundation centres in Awassa. The Ethiopian Government has since provided additional land to both the centers in Bahir Dar and in Awassa for the additional requirements of the respective organizations.
- In Kenya, APDK successfully lobbied the Kenya Government and other agencies to support increased investment of resources in locally made (and setting appropriate) wheelchairs in 2008.
- In Congo, Caritas mainstreamed a close working relationship with the Director of Special Programs and Social Services in the ministry of social affairs, progress reports were being submitted regularly to the director’s office by Caritas. Through this collaboration the ministry signed a MoU with Caritas that enabled them to import orthopedic equipment (observation beds, gait training rails and wheelchairs) without paying duty, while this is not widespread practice this allows Caritas to provide mobility aids to people with disabilities at much lower prices. The ministry has also published a guideline policy of mainstreaming PWD in its projects, in which Caritas made contributions.

**3. Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation.**

- In Sierra Leone, Omega sub-grantees were successful in lobbying the National Directorate of Special Education who agreed to and is currently supporting mainstreaming of disability issues into teacher training and school curriculums.
- In Uganda, Omega supported the Lira District Local Government to collect data on the number of persons with disabilities – the data was then used to demonstrate the need for additional budget and facilities at the sub county level and two 2 sub counties were allocated funding in the local government budget.
- In Southern Sudan lobbying around the accessibility of education was conducted by OMEGA sub grantees which secured resources to build accessibility ramps in all new schools built by UNICEF.
- In Ethiopia, an OMEGA sub grantee brought together government officials, politicians and leaders of schools and NGOs in a series of workshops that produced innovative project plans to address issues of people with disabilities. While many of these project plans were never implemented due to resourcing issues, some were implemented with phenomenal success and resulted in increased school enrolment of children with disabilities, micro enterprise start up for persons with disabilities and awareness rising of issues facing persons with disabilities in school.
- In Congo an increase in the lobbying of and collaboration with multi- and bi-lateral donors, including UN, World Bank and JICA was resulting in raised response to the issues of persons with disabilities. For example, at the time of the evaluation (and as a partial result of Omega efforts in awareness rising) buildings were being erected to accommodate specialized operations in the centre and additional orthopedic equipment provided by JICA installed in the orthopedic workshop.
- In Kenya, Omega grantee APDK planned and participated in the *National Kenya Wheelchair Conference* held in Oct 2008 and held discussions with Ministry of Medical Services (formerly Ministry of Health). These two forums and subsequent discussions, resulted in the Government becoming supportive of the local production of wheel chairs and allowed APDK staff in 9 workshops, to work with the Ministry of Health staff to produce and distribute wheel chairs at the district and provincial hospitals. KWBF and APDK lobbied for the government to provide resources to organizations working for persons with disability. As a result, the Government donated office space for KWBF national office. The Government also extended similar support to APDK and all branch offices are now housed in GoK institutions.

**Mainstreaming disability issues into school curriculums**

In Sierra Leone, Omega sub-grantees were successful in lobbying the National Directorate of Special Education who agreed to and is currently supporting

Marlene, a disabled social worker was about to be evicted from the town council home she had been living in for many years as she could not pay the purchase price at once and could not access a loan. DOLASED/Omega assisted and the government agreed that she could pay the home off in installments. She was very pleased that her rights were upheld.

*Tanzania*

### **Overall Finding**

As a result of the Omega Initiative awareness in communities of the rights and potential of persons with disabilities was raised; messages highlighted that persons with disabilities have rights, which can be upheld, in a court of law if necessary; that parents need to recognize the right of children with disabilities to education and that persons with disabilities have a right to employment, care, recreation, and a life free of stigma. In two countries significant national policy was drafted and political leaders in several countries pointed out that OMEGA raised the profile of persons at all levels of society.

A variety of local councils and committees were established through the support of Omega to identify and address issues faced by people with disabilities and in most cases these local councils are still operational resulting in a significant increase in the voice of persons with disabilities and an increase in community response to their concerns.

### **Challenges**

- It is interesting to note that the majority of activities under this Intermediate Result were at the Community or District level. While there were significant results at the National level in two countries, this was not universally the case in all Omega countries. For future programming evaluators recommended that more emphasis be placed on moving policy and reforms (and the implementation of policy) forward at the national level.
- In Southern Sudan (and in a few other cases) there were some Community Committees that were established *without* the active participation of persons with disabilities *or* the parents of children with disabilities. The evaluators noted that these Committees appeared somewhat less vibrant and engaged than instances where these individuals were actively included. In the future active engagement of persons with disabilities and their family members should be strongly encouraged.

### 2.2.3 IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) the provision of both informal and internationally recognized and standardized training; (2) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities; and (3) changes and/or advances in the technology and facilities used.

#### Key Results

OMEGA funding had a positive impact on the capacity of institutions to deliver quality services utilizing the following strategies:

#### 1. Provision of both informal and internationally recognized and standardized training for individuals and organizations providing services to persons with disabilities.

Training, both formal and informal, enhanced the ability of organizations to meet a variety of different needs of persons with disabilities. Organizations reported they are now better able to deliver quality services and apply for and secure additional funding to ensure continuity of services and retention of trained staff.

- In Ethiopia, OMEGA funding sent 81 students who were qualified in orthopedic and prosthetic technology to other hospitals to gain practical experience. One of those students, represents a particular success story as Mr. Akinsut, subsequently (and due in part to the Omega supported training) became the head of the new Physiotherapy Department. Additionally, funding was provided for 2 volunteers who founded a Physiotherapy Department at Gonda University which now offers training in Orthopedic and Physiotherapy at the Bachelors level. These volunteers also assisted in the establishment of a training and referral system at the university for patients from other centers around Gonda.
- In Sierra Leone significant investment was made in the professional training of 51 individuals, many of whom were sent out of country (to Kenya or Tanzania) for formal training in either the areas of Occupational Therapy, Physiotherapy, or Orthopedic and Prosthetic technology Level II (all 3 year courses), or in Orthopedic and Prosthetic technology Level II (a 1 year course), others were trained as Wheelchair Technicians and Community Based Rehabilitation Workers. Today these individuals remain working in the sector in Sierra Leone.
- In Kenya, the AIC Bethany Cripple Children Centre trained 6 orthopedic technology students and 3 Physiotherapy students over a 3 month period at the Kijabe AICCC. These students returned to the Medical Training College (KMTC) and are now qualified staff employed by the Ministry of Health providing services in different institutions in the country. Omega also provided technical training to one sub-grantee on the use of machinery, materials and components, measurements/fabrication/fitting of both trans-femoral and trans – tibial prosthesis, and

Peter has received training in orthopedic and prosthetic technology at the Tanzania Training College of Orthopedic Technology through OMEGA funding. He feels that training has greatly improved his skills in providing orthopedic and prosthetic services and managing facilities for these services. It was a happy moment for him when he was told that he had been selected to take up the three year training in Tanzania, where he says he met people from many different countries and had great experience learning from other people's experiences. He looks forward to providing better services to persons with disabilities

*O&T Technician – Ethiopia*

sponsored one of their staff members in orthopedic technology at the Kenya Medical Training College.

- In DRC, training efforts focused on 8 key individuals: 1 Staff from CRHP centre was sponsored through Omega funding to attend a three year course at in orthopaedic technology; 2 individuals were trained in orthopedic and physiotherapy technology, 2 in orthopedic technology, 2 in physiotherapy and 1 as a masseur. Today two of these individuals are serving as key country resources--both at the Bacongo centre, one as head of the centre and another as assistant physiotherapist.
- In Southern Sudan OMEGA provided funding for the employment of three technical expatriate staff in orthopedic technology and physiotherapy for MCDI. Continuous on-the-job training and assistance in centre supervision was an active component of their work, and has improved the quality of the service as reflected by the various organizations (AAA, UNIMAO and government) that refer patients to the centre. Additionally, 2 staff from Rumbek Rehabilitation Centre in Southern Sudan were trained to Diploma level in Orthopedic and Physiotherapy at KMCT and TATCOT; and 14 Artisans were trained and provided with carpentry tools to make and repair assistive aids using local materials; and 17 community based rehabilitation workers received training.

## 2. The provision of technical assistance to organizations providing services to persons with disabilities.

Most institutions reported that the number of persons with disabilities they have been able to serve increased as a result of the institutional capacity services they were provided under Omega, and many respondents noted a marked increase in the efficiency of rehabilitation centers:

“...the centre is way ahead most government facilities in DRC...”  
Administration Officer – CHR

- In Ethiopia, the Bahir Dar centre received extensive technical assistance to prosthetic and orthopedic government staff by VVAF in production of quality prosthetics, and in establishment/construction and equipping of the Bahar Dar Orthopaedic Centre. One key outcome of this technical assistance was the establishment of a partnership with the Bureau for Labor and Social Services (BOLSA) which enhanced the sustainability of activities at the Bahir Dar Center.
- In Kenya, 23 members from 6 branches of the KWBF received training in leadership and management, financial management and resource mobilization resulting in branches managing their own finances and conducting fundraising independently. Jaipur received technical assistance on the ordering of materials and workshop arrangement which greatly enhanced their efficiency. Technical staff working for Jaipur received training on the use of machinery materials and components, measurements/ fabrication/ fitting of both trans-femoral and Trans – tibial prosthesis, incorporation of the ICRC knee joint and trial of the 10 patients which was successful. Jaipur employed 2 technical staff (a physical therapist and a technician) through Omega.
- In Southern Sudan, OMEGA supported SEM through a variety of on-the-job training during monitoring visits (Financial management, program management, Proposal writing). This support raised the profile and capacity of SEM enabling them to secure funding from Scottish Catholic International Agency Fund, TEAR Australia and UK, United Nation Mine Action Office and Christoffel Blinden Mission ensuring that the work that was started by OMEGA will continue; Also in Sudan 3 technical expatriate staff in orthopedic technology and physiotherapy for MCDI were recruited and supported with salaries from Omega funding.

- In Congo, Red Cross employed 2 staff for one year, with the salaries that were provided by the OMEGA fund. Red Cross, IPVRC and HI received training on financial management and USAID rules and regulation for grant implementation. As a result of this training IPVRC was awarded a 3 year US\$ program by USAID. Capacity building to CHRP has enabled them to receive grants through World Bank, JICA and UN.
- In Tanzania OMEGA provided technical assistance to help 4 organizations get established and develop their own institutional constitutions (Mkukuta disability network, Sauti Bya Wana Wake Wenye, Mulemavu Masiasi Disabled Network and Muleba Disabled Network).
- In Uganda support to all sub grantees included support of staff salaries, improving performance in delivery of services as well as training in financial tracking, governance, and constitutional development based on the identified needs.

### **New Technologies**

In Kenya, Omega funded a Technology Research Grant that resulted in the development of new designs for wheelchairs and tricycles and new knee joint prostheses that enhanced mobility.

### **3. Changes and/or advances in the technology and facilities used by organizations providing services to persons with disabilities.**

Computers and technology advances enhanced efficiency and increased both innovation and the number of patients being seen at centers and ultimately resulted in an improved experience at the centers for persons with disabilities.

- In Kenya, Omega supported a technology research grant that resulted in the development of new products for persons with disabilities targeting specific issues. These new products include: Basket ball wheelchair, Blue Hummer (specifically designed to traverse rough terrain), Gear-fitted 7 and 21 speed tricycle, Special seats, MIT 2-gear system tricycle, Clip-on tricycle (where a wheelchair can be fitted with a third detachable wheel to become a tricycle) and a Tricycle with a longer peddling stand. Also in Kenya, 10 patients participated in a successful trial combining the ICRC knee joints with trans-femoral and trans-tibial prostheses resulting in enhanced mobility and reduced cost of components in Kenya.
- In DRC, the CRHP Centre in Kinshasa focused in improving skills and technologies to be used in the areas of admissions, records management, stores and inventory management, patients' records and documentation of diagnosis and treatment, and even graphics imaging and design of prosthetics. Five computers were provided to the CRHP centre. The Red Cross acquired new equipment (prosthetic and orthotic) that enables it to deliver additional services to clients that they could not do before.
- In DRC, the CRHP Centre in Kinshasa focused in improving skills and technologies to be used in the areas of admissions, records management, stores and inventory management, patients' records and documentation of diagnosis and treatment, and even graphics imaging \*and design of prosthetics.

### **Omega- Investing in Human Resource Capacity**

Significant long term investment in human capacity was made by Omega in 5 countries increasing both the number of individuals working in relevant professional services; increasing the status and leadership roles for trained staff who worked for various Ministries, Hospitals and Universities; and ultimately increasing the opportunities for sustainability of high quality support to persons with disabilities.

- In Southern Sudan the Rumbek Rehabilitation Centre focused on acquiring appropriate technologies to greatly improve their service delivery and outreach capacity of the organization, for example 52 bicycles for community based rehabilitation workers were purchased. Additionally the Centre was provided with 2 vehicles, 2 desk top computers and 1 laptop.
- In Tanzania, Omega supported the establishment of a computerized client database that improved follow-up and frequent consultations

### **Overall Finding**

OMEGA funding had a positive impact on the capacity of institutions to deliver quality services.

Training, both formal and informal, enhanced the ability of organizations to meet a variety of different needs of persons with disabilities. Significant long term investment in human capacity was made by Omega in 5 countries increasing the number of individuals working in relevant professional services and increasing the opportunities for sustainability.

### **Challenges**

- While it was apparent that technical assistance and technology support was needed, well received and did result in improved capacity within the targeted institutions, evaluators questioned if the support provided was more opportunistic in nature rather than strategic. For example, several of the organizations assisted had no long term funding strategy and once Omega funding stopped those individuals were forced to leave the institution (though the country still saw some benefit as most found other jobs in their field in other settings). In the future, programs may want to complete a more careful mapping (and documentation effort) of the capacity strengths and weaknesses in country and provide support along with a longer term funding strategy for the organization itself.

#### 2.2.4 IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

#### Key Results

##### From Begging to Earned Livelihood

The life of a person with disabilities is often characterized by a dependency on families for economic security. Most persons with disabilities do not have entrepreneurship skills. As a result of vocational enrollment and training and micro-loan facilities provided through the OMEGA Initiative several thousand beneficiaries have succeeded in accessing funds. The provision of micro-loan facilities combined with training enabled many of those beneficiaries interviewed to build income generation activities to the point where they have small businesses. Not only does this provide financial independence from families and communities already financially stretched, it also makes a statement about persons with disabilities. It says clearly that they are people who can participate actively in society.

"I started with one rented machine and now I have, over the time, used the support from OMEGA to develop my once small shop into now a prosperous shop with 10 sewing machines"

*Person with Disabilities – Sierra Leone*

The types of businesses started with funding provided by OMEGA include: mobile phone repair, tailors (doing both repair and making clothing), cobblers, hairdressing, petty trading, computer technicians, mobile phone charging stations, traditional crafts, selling dry fish, vegetable gardening and sales, cosmetics, buying and selling kerosene; blacksmith, animal husbandry (sheep, goats, pigs, chickens), solar ovens and the provision of restaurant premises. Business creation support often included vocational, financial management, enhanced management, and leadership training.

Omega evaluators discovered cases where persons with disabilities who had been able to purchase land to expand their businesses, repay loans and create revolving credit facilities that benefit other members of their groups or community with disabilities. Their success inspires others and highlights the benefits of the OMEGA Initiative for all persons with disabilities and their communities.

#### INCREASED SOCIAL AND ECONOMIC REINTEGRATION

"It is now known to the people that persons with disabilities are some of the most successful people in business within their communities as result of the OMEGA initiative program."

*Key informant - Kabala area, Sierra Leone*

### Micro Loan Programs

In three countries micro loan programs were established. In general the evaluators found these programs to be successful and valid mechanisms for improving economic integration.

**Table 2: Microloan programs**

Country	Micro loan programs established	Average standard loan size	Notes
Kenya	1) APDK A total of 148 groups were established with a total of 2,373 members -- 887 member loans were provided.	\$116 USD	In Kenya APDK established a microfinance loan scheme which has been operating since January 2006 with OMEGA funds. A revolving fund has been fully established with regular support from APDK headquarters. A total of 148 groups were established with a total of 2,373 members. Of these 887 members have received loans with a value of Kshs 7,955,148. A total revolving credit facility of Kshs 5,107,020 has been established
Ethiopia	1) Dessey 2) Bahir Dar.	\$100 USD	The micro finance project in Dessey was more successful than the same project in Bahir Dar. This is primarily attributed to the higher cost of living in Bahir Dar and the same standard loan value of 1000 Birr (approximately US\$ 100). Another factor which may have been influential is that the majority of beneficiaries of loans in Dessie were women with disabilities or the mothers of children with disabilities while in Bahir Dar beneficiaries were primarily men;
Sierra Leone	1) LCI -40 members  2) WHI- 312 member loans  3) CC- 413 member loans	\$30 USD	In Kabala, LCI developed and provided revolving loan facilities to 8 groups of 5 members each. This loan facility currently has a balance of 4 million Leones (approx 1000\$) as revolving fund after each member had received a loan of 100,000 leones (\$30 USD), and all original loans had been paid in full.  WHI provided micro-loans to 312 persons with disabilities through 3 Amputee committees in Makeni and Tonokolili, to start micro enterprises. This loan facility has been established as a revolving credit facility from which every member can borrow and pay back,  CC provided 413 people with disability with micro loans to start income generation activities in Kono and Kailahun.

### Sports

Sport was used in 4 countries as another way to encourage social reintegration highlights include:

- Establishment of both football and drama clubs in which more than 690 persons with disabilities participate (in Sierra Leone).
- The first ever National level recruiting tour (in Kenya) focused on encouraging persons with disabilities to participate in sports and resulting in 122 new members attending basketball training to develop skills, recreates and build group cohesion and support.
- Four Wheelchair Basketball Exhibition Matches were held and a basket ball court at the Lira District Union Offices was built (in Uganda).

### **Overall Finding**

In general the evaluators find that this has been an extremely successful element of the OMEGA program. The work was most successful in terms of the social reintegration aspects—providing confidence and skills to persons with disabilities to participate and contribute as productive members of society. There was a general consensus among beneficiaries reporting a positive shift in their own perceptions of themselves as people with disabilities as well as a shift in the perceptions and reactions of their communities to people with disabilities.

### **Challenges**

- Many beneficiaries reported that training on management of income generation activities was not long enough; this was commonly reported where microloans had not been repaid and small businesses have failed.
- In Sierra Leone one factor that affected the establishment of small businesses was the arrival of the Red Cross, who asked beneficiaries to leave their businesses to their relatives and attend business trainings that lasted for six months. By the end of the training most of the businesses that were still running had collapsed.

**2.3 OVERALL REVIEW / EVALUATION FINDINGS ON IMPLEMENTATION  
APPROACH BY COUNTRY RESULTS**

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## OMEGA IN CONGO (DRC AND RoC)<sup>13</sup>

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### 1. Country Context

The Democratic Republic of Congo's (DRC) economic situation was significantly affected by the 30 year dictatorship rule of President Mobutu. According to a study by UNICEF, DRCs domestic product per capita fell from US\$ 250 in 1990 to a low of US\$ 68 by 2001<sup>14</sup>. Despite changes that have been brought about by the presidencies of Laurent Kabila and his son Joseph Kabila in resolving regional conflicts affecting the DRC, national bankruptcy and significant degradation of the country's social and health systems remain prevalent<sup>15</sup>. Largely as a result of civil war there are a large number of injured war victims and the deplorable state of government facilities results in an extreme shortfall in the response to the needs of people with disabilities, in particular the provision of orthopedic and prosthetic services.

On 30 March 2007 the DRC signed both the UNCRPD and the Optional Protocol. To date the DRC has not ratified the UNCRPD<sup>16</sup>.

The Republic of Congo (RoC), with a population of 3.8 million, is a parliamentary republic in which most of the decision-making authority and political power is vested directly in the president, Denis Sassou-Nguesso and his administration. Since the RoC was granted independence in 1960; it has experienced decades of on going conflict between the army and militia groups forcing endless political strife. Central to this ongoing tragedy is the increase in the number of war injured civilians and people with disabilities. This is further exacerbated by HIV prevalence rates among 15-49 year olds and a large proportion of the population being undernourished. Public expenditure on health was at 1.2 % of the GDP in 2004, resulting in many people not having access to proper health care and much needed rehabilitation services<sup>17</sup>.

The UN ENABLE website lists the Republic of Congo as having signed the UNCRPD, but further research indicates that this is information for the DRC. Enquiries to the African Decade revealed that the Congo has NOT SIGNED the UNCRPD<sup>18</sup>. There are no official statistics on the percentage of the population in DRC or RoC with a disability.

### 2. The goal of Omega in the Congo

The primary aim of OMEGA in the RoC was rehabilitation of facilities serving persons with disabilities and building institutional capacity of the facilities.

### 3. Level of total funding to the country under the Omega initiative

Out of the total OMEGA Initiative contract amount US\$ 13,351,885, Congo received total grants amounting to US\$ 1,147,864, equivalent to 8.3% of the total grant amount.

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<sup>13</sup> Note that the evaluation took place on both sides of the Congo River in Kinshasa in the DRC and in Brazzaville in the Republic of the Congo. As the programmes in both countries were treated as one by the OMEGA programme they are collectively referred to as Congo in this report

<sup>14</sup> Handicap International Belgium project description, quoting UNICEF report; also [http://www.unicef.org/infobycountry/drcongo\\_statistics.html#58](http://www.unicef.org/infobycountry/drcongo_statistics.html#58)

<sup>15</sup> BBC Country profile on DRC: [http://news.bbc.co.uk/2/hi/africa/country\\_profiles/1076399.stm](http://news.bbc.co.uk/2/hi/africa/country_profiles/1076399.stm)

<sup>16</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: Convention and Optional Protocol Signatures and Ratifications

<sup>17</sup> website: <http://www.state.gov/g/drl/rls/hrrpt/2006/78729.htm>

<sup>18</sup> Website: <http://www.un.org/disabilities/>

#### 4. Distribution of grants

In response to the identified needs, the OMEGA initiative provided funding to four organizations in Congo as listed in table 3 Below.

**Table 3: OMEGA Funding to Congo**

Organization - Project name (areas of implementation)	Period	Disbursed funds (USD)**	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
IPVRC/Stand Proud – Capacity improvement (Kinshasa)	2004/06	335,945	72,720	Yes		Yes	Yes
HI-B and CRHP – Rehabilitation centre (Kinshasa)	2002/05	752,921	334,386	Yes	Yes	Yes	
Red Cross Kalembe Lembe - Physiotherapy Centre and Support in Orthopaedic Equipment (Kinshasa)	2004/05	18,676	0	Yes		Yes	
Caritas 1 – Assessment of Baongo and Mougali (Brazzaville)	2004	2,000	0			Yes	
Caritas 2 – Rehabilitation of Baongo and Mougali (Brazzaville)	2004/05	38,223	0	Yes		Yes	

\*IR1 – Orthopedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

#### 5. Implementing Partners

All the four organizations funded under the Omega initiative in the Congo were already involved in the work with disabled persons. They were established and had demonstrable capacity to deliver the services to target group. Table 2 below outlines the history and focus for the Omega program for each of the organizations

**Table 4: Organizational history and focus for the OMEGA Program in Congo**

SUB GRANTEE	ORGANIZATIONAL HISTORY AND FOCUS FOR THE OMEGA PROGRAM
<b>IPVRC/Stand Proud</b>	ACAOJH, through the funding of IPVRC, had developed mobility aids for distribution to nearly 1,000 persons with disabilities and provided assistances to over 50 youth requiring relocation for surgery in Kinshasa. The two organizations were not structured to compete for external funding, and thus required development of their capacities, while at the same time continuing to provide needed services to persons with disabilities. The grant was thus awarded with a major part being for capacity building of the two organizations and enhancing the facilities for providing orthopedic services.
<b>HI-B and CRHP</b>	CRHP was founded in 1958 by a group of Belgian women; it became a charity in DRC in 1962. Its management was taken over by the Brothers of Mercy, Gand in 1970 and it has provided support to the persons with disabilities since then. HI-B is a community-based NGO, whose mission is to enable persons with disabilities to achieve independence and reintegration into the society. The two organizations operate in close proximity and have collaborated intermittently. HI-B have superior structure and qualified and experienced staff, and sought to rehabilitate the CRHP centre that was run down and develop the skills of the staff at the centre to provide better specialized services through funds from Omega.
<b>Red Cross Kalembe Lembe</b>	Red Cross Kalembe Lembe was established in 1998 by ICRC and continued to be funded for operations by ICRC up to 2002. Since 2002, it continued to be funded by ICRC to provide physical rehabilitation for the military amputees but lacked physiotherapy and retraining equipment for amputees, which is what the grant provided, with additional administrative equipment.

<b>Caritas</b>	Caritas is the NGO arm of the Arch Diocese of the Catholic Church of Brazzaville, which regained the management of the Baongo and Mougali rehabilitation centers in 1991, after 26 years during which the centers were taken over and run by the government. The two Caritas centers had primarily been set up to fight against polio but have evolved to treat war disabled and other persons with disabilities through physiotherapy. Over the years, the centers lacked adequate funding and had no skilled staff to respond to the needs of persons with disabilities.
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## 6. Country Results

### IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### Key Results / Highlights

The Omega program in RoC countries has achieved the following in the area of physical rehabilitation:

#### 1. Number of orthopedic and rehabilitative established and or improved

- 4 facilities improved:
  - In DRC 2 facilities were improved (the CRHP centre in Kinshasa, and the Red Cross center in Kalembe Lembe); CRHP is currently the largest government institution that is offering high quality services in Orthotic and Prosthetic services to an average of 86 patients per month. The Red Cross centre in Kalembe Lembe was provided orthopaedic facilities, which are still in use at the centre.
  - In RoC 2 facilities were improved (the Mougali Centre in Brazzaville and Baongo Centre in Brazzaville); Caritas was able to buy equipment and supplies to rehabilitate both the Mougali and Baongo centres, which still offers improved orthopaedic and physiotherapy services to the PWD. The centres receive an average of 25 – 40 per patients a day in Mougali and a weekly average of 40 for Baongo.
  - The ACAOJH Kinshasa Brace Shop received technical support from the Omega CTO to upgrade equipment, workshop layout, safety measure

#### 2. Number of assistive /prosthetics / orthotics produced and distributed

- More than 200 **prosthetics / orthotics produced, purchased and distributed**
  - IPVRC was funded by Omega to design and provide callipers, crutches and other mobility aids to the PWD and refer complex cases of prosthetics to CHRP. About 221 braces were produced, purchased and distributed. IPVRC was able to expand its activities and is currently funded by USAID for a three-year program.
  - Caritas provided mobility aids to people with disabilities.

**3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support**

- More than 200 people provided with assistive /prosthetics / orthotics support:
- Along with facilities improvement technical assistance was provided and other types of support to encourage quality improvements. For example, in Congo, Caritas worked with other donors to initiate an *exchange program* between the Moulinga Centre and doctors from Kinshasa who today treat one another's patients on a no fee basis.

**4. Number of persons with disabilities who received rehabilitation services**

- Caritas, provide physiotherapy services to a total of 240 patients in both its Bacongo and Mougali centres during the OMEGA period.

**IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

In Roc, this objective was not a key focus area, however, through close collaboration with the Government, Caritas made a key contribution to the policy environment.

**1. Increasing the voice of and concern for people with disabilities in media and public debate**

- Work focused on training community "advocates":
  - Eighty-eight (88) individuals were trained in how to raise awareness, initiate and actively lead community initiatives (such as income generation activities) to improve the lives of people with disabilities highlighting their integration and reintegration of persons with disabilities into their communities.

**2. Enhancing the laws and regulatory environment for people with disabilities**

- During implementation of Omega, Caritas mainstreamed a close working relationship with the Director of Special Programs and Social Services in the Ministry of Social affairs, progress reports were being submitted regularly to the director's office by Caritas. Through this collaboration the ministry signed a MoU with Caritas that enabled them to import orthopedic equipment (observation beds, gait training rails and wheelchairs) without paying duty, while this is not widespread practice this allows Caritas to provide mobility aids to people with disabilities at much lower prices. The ministry has also published a guideline policy of mainstreaming PWD in its projects, in which Caritas made contributions.

**3. Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation.**

- An increase in the lobbying of and collaboration with multi- and bi-lateral donors, including UN, World Bank and JICA was resulting in raised response to the issues of persons with disabilities. For example, at the time of the evaluation (and as a partial result of Omega efforts in awareness rising) buildings were being erected to accommodate specialized operations in the centre and additional orthopedic equipment provided by JICA installed in the orthopedic workshop.

**IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

**Key Results****1. Provision of both informal and internationally recognized and standardized training for individuals and organizations providing services to persons with disabilities.**

- In DRC, training efforts focused on 8 key individuals: 1 Staff from CRHP centre was sponsored through Omega funding to attend a three year course at in orthopaedic technology; 2 individuals were trained in orthopedic and physiotherapy technology, 2 in orthopedic technology, 2 in physiotherapy and 1 as a masseur. Today two of these individuals are serving as key country resources--both at the Bacongo centre, one as head of the centre and another as assistant physiotherapist.

**2. The provision of technical assistance to organizations providing services to persons with disabilities.**

- Red Cross employed 2 staff for one year, with the salaries that were provided by the OMEGA funding.
- Red Cross, IPVRC and HI received training on financial management and USAID rules and regulation for grant implementation. As a result of this training IPVRC was awarded a 3 year US dollars program by USAID. Capacity building to CHRP has enabled them to receive grants through World Bank, JICA and UN.

**3. Changes and/or advances in the technology and facilities used by organizations providing services to persons with disabilities.**

- In DRC, the CRHP Centre in Kinshasa focused in improving skills and technologies to be used in the areas of admissions, records management, stores and inventory management, patients' records and documentation of diagnosis and treatment, and even graphics imaging and design of prosthetics. Five computers were provided to the CRHP centre.
- Red Cross acquired new equipment (prosthetic and orthotic) that enables it to deliver additional services to clients that they could not do before.

**IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

## Overall Findings

In general the evaluators find that this has been an extremely successful element of the OMEGA program. With beneficiaries reporting a positive shift in their own perceptions of themselves as people with disabilities and a shift in the perceptions and reactions of their communities to people with disabilities.

## Key Results / Highlights

### 1. Number of persons with disabilities provided with training on community rehabilitation/integration

- IPVRC trained 88 persons with disabilities in Congo to initiate and actively participate in community initiatives and income generation activities focused on improving the lives of people with disabilities and highlighting their integration and reintegration into their communities.

### 2. Number of persons trained on community rehabilitation/integration actively involved in the community as key resource persons

- IPVRC has deployed 80 persons with disability as resource persons to the communities to raise awareness and support communities on reintegration activities such as sports, schools and economic ventures.

## 7. STRENGTHS & WEAKNESSES

### NOTABLE STRENGTHS

- Red Cross, IPVRC and HI received training on financial management and USAID rules and regulations for grant implementation. As a result of this training IPVRC was awarded a 3 year US dollar program by USAID. Capacity building to CHRP through HI enabled them to receive grants through World Bank, JICA and UN.
- All centers supported through OMEGA funds in Kinshasa and Brazzaville adopted various sustainability mechanisms, they remain operational with staff trained through OMEGA funding still working in the facilities. They continue to offer improved orthopedic and prosthetic services to people with disabilities.
  - The CHRP centre supported by HI-B has accessed additional donor funding (World Bank, JICA and UN) and has up to 70% government staff supported by government
  - Red Cross centre has established government support and primarily provide services to soldiers who have been injured in war with the Congo.
  - The Bacongo centre supported by Caritas has established government support
  - The Mougali Centre supported by Caritas is not supported by the Catholic Arch Diocese of Brazzaville
  - IPVRC, now Stand Proud, still manage one facility where they house over 80 PWD, most of them being children. They operate a workshop in this centre, which makes some wheelchairs and other mobility aids like braces and calipers.

### Notable Weaknesses

- There was no baseline study conducted or accurate information on the number of PWD that the sub-grantees could rely on at the start of implementation. Where targets were set, they were mere estimates and generally fell either low or high compared to actual numbers. Baseline survey was not carried out to determine the potential number of beneficiaries to the projects.

- There was no elaborate project that conducted training in or provision of support for business or livelihoods for the beneficiaries/PWD. This often left the PWD with the question of “after I am able to move, then what”.
- Follow up from Pact was weak in terms of grant administration. Follow-up visits which mainly focused on monitoring implementation of planned activities against the targets (Red Cross and HI-B/CRHP) were conducted twice. However, financial or grant management follow ups were not done after the initial training at the start of the grant. Red Cross, being a small organization, could have benefited more from this, for example to enable them develop to a level of receiving standard grant from future donors, instead of further in-kind grants, e.g. from the UN. While HI-B may be seen to have had the capability to handle financial and grant management on their own, records indicate that an amount of over US\$38,000 was disallowed from their expenditure reports.
- Omega was implemented for a period of 10 months for small grants. This period was not adequate to institutionalize the learning and experience the staff received during the training. At the end of the project, when Caritas could no longer afford to pay salaries, the staff was laid off.

**8. Key lessons and recommendations**

KEY LESSONS	RECOMMENDATIONS
<p>The amount of grants, small grants or big grants does not seem to have a major influence in the level of achievements made by the grantees. Both small grants and big grants can effectively and efficiently achieve the intended program objectives.</p>	<p>Pact should carry out a cost benefit analysis or a study to establish the economies of scale between small grants and big grants. This analysis and documentation of experiences can be shared widely both within and outside Pact to inform and provide justification for future programming and funding.</p> <p>Decisions on the type of grant (either small or grant) should be determined on a case by case, looking broadly at context and capacity of the grantee. This determination needs time and resources, future programs should anticipate these and plan appropriately.</p>
<p>Training and capacity building to build better financial and management systems is critical for small grants to enable them handle and respond better to funding from the granting organization and also other donors.</p>	<p>Future programs intending to award small grants should anticipate the need to build and strengthen the financial and management systems of the grantee organization and invest in this appropriately.</p>
<p>A project that does not have adequate resources (Time, money, human and logistical) for MER faces challenges in documenting its successes and failures as well as</p>	<p>Future programs should anticipate and prioritise the MER needs of the project, budget and invest for them appropriately.</p> <p>As a principle, future programs must have adequate</p>

<p>conducting experiential learning.</p>	<p>baseline information for both targeting and assessing project/program performance.</p>
<p>Establishment and improvement of physical centres such physical and rehabilitation centres is more sustainable and cost effective when done in collaboration and coordination with the Government line ministries and other key stakeholders</p>	<p>Future programs investing in establishment and improvement of physical structure should involve key stakeholders at all stages of the project cycle (Identification, financing, implementation, monitoring and evaluation) and also in outlining the phase in and phase out strategy.</p> <p>Stakeholder involvement should be informed by a very well guided analysis to ensure that stakeholders who have high influence and power and have high priority for addressing the needs for persons with disabilities are targeted.</p>
<p>Effective and efficient service delivery in physical and rehab centres is highly depended on a good management information system (admissions, records management, stores and inventory management, patients' records and documentation of diagnosis and treatment)</p>	<p>Future programs investing in establishment and improvement of physical and rehab centers should anticipate the need for having an effective and efficient Management Information system. This has an implication on installation costs, maintenance costs as well as technical skills within a given context.</p>
<p>A holistic approach that combines Soci-economic integration, rehabilitation and treatment is critical to improving the quality of life of persons with disabilities.</p>	<p>Future programs should provide support to NGOs to influence National Policy for inclusiveness/mainstreaming.</p>

## OMEGA IN ETHIOPIA

### 1. Country Context

Following 30 years of conflicts (internal civil wars and boarder wars with Eritrea), Ethiopia has a high number of persons with disabilities who were injured during the conflict, by landmines and other related causes. Development was stunted and Ethiopia remains largely dependent on donor support. While there are no accurate statistics related to the number of people with disabilities in Ethiopia, attempts made during the last census in 1994 provided an estimate of 1% of the total population. This finding was largely disputed by most of the actors in the disability and NGO sector and was adjusted to about 3% of the total population<sup>19</sup>. Although this statistic is still disputed it has been accepted as a close estimate of the population of people with disabilities in Ethiopia<sup>20</sup>.

On 30 March 2007 Ethiopia signed the UNCRPD but has yet to ratify the Convention in country.

The state of persons with disabilities in Ethiopia is even more tragic and severe due to the presence of diversified pre and post-natal disabling factors (like infectious diseases, difficulties contingent to delivery, under-nutrition, malnutrition, harmful cultural practices, lack of proper child care and management, civil war and periodic drought and famine) and the absence of early primary and secondary preventive actions. The last official document and survey on disability was the population and housing census (Central Statistical Authority) published in 1994.

### 2. The goal of Omega Ethiopia

The goal of Omega in Ethiopia was to improve the quality of life of persons with disabilities through a multi-faceted response.

### 3. Level of total funding to the country under the Omega initiative

Ethiopia received total grants amounting to US\$ 2,299,327, equivalent to 22.5% of the total grant amount, making them the largest recipient of grant funds.

### 4. Distribution of grants

The grants were distributed to 9 Organizations as indicated in the table.

**Table 5: OMEGA Funding in Ethiopia**

Organization - Project name (areas of implementation)	Period	Value of Grant (USD)	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
Agency for the Assistance of Displaced Refugees (AARDR)	2004/05	14,868	0	NA	NA	NA	Yes
Amhara Development Association	2004/05	14,954	0	NA	NA	NA	Yes
Addis Development Vision	2003	11,465	0	NA	NA	Yes	NA
Cheshire Foundation – 01/05/58	2009	1,235	0	NA	Yes	NA	NA
Cheshire Foundation – 06/05/04	2004/05	9,643	0	NA	NA	NA	Yes
Cheshire Foundation – 07/05/04	2004/05	4,937	0	NA	NA	NA	Yes
Cheshire Foundation – OMEGA001/Pact003/05	2004/05	14,930	0	NA	NA	NA	Yes
Cheshire Foundation – 01/05/018	2003/05	10,244	0		Yes	Yes	
Cheshire Services	2004/05	40,896	0		Yes		
Grace Baptist Church Devt Prog	2004/05	14,930	0		Yes		Yes
Voluntary Council for Handicapped Children & Adults	2001/03	15,082	0		Yes		

<sup>19</sup> Country Profile on Disability: FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA: March 2002: Japan International: Cooperation Agency: Planning and Evaluation Department

<sup>20</sup> Report on the Disability African Regional Consultative Conference: 1<sup>st</sup> to 6<sup>th</sup> May 2003: Johannesburg, South Africa. Sebenzile. Matsebula

(VCH)							
Volunteer Services Overseas	2005/06	38,417	0	Yes		Yes	
Vietnam Veterans of America Foundations (VVAF)	2002/06	2,831,245	539,409	Yes	Yes	Yes	
Assefa Bersofekad	30 <sup>th</sup> May 2005-30 <sup>th</sup> September 2005	13,853	0		Yes		

\*IR1 – Orthopedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

### 5. Implementing Partners

All the organizations funded in Ethiopia were already involved in the work with disabled persons.

**Table 6: Organizational history and focus for the OMEGA Program in Ethiopia**

SUB GRANTEE	FOCUS FOR THE OMEGA INITIATIVE
<b>AARDR</b>	To increase access to social and economic opportunities through the inclusion of persons with disabilities in micro finance and related development programs. Advocate for greater public awareness on issues of disability, improved NGO/government policy dialogue and increased opportunities for persons with disabilities to voice their concerns
<b>ADA</b>	To increase access to social and economic opportunities through the inclusion of persons with disabilities in micro finance and related development programs
<b>ADV</b>	To strengthen the Community Based Rehabilitation (Network) (CBRN) to serve as a forum for over 30 government and NGOs to generate and share information involved in policy advocacy on the issue of disability and the CBR programs
<b>Cheshire Foundation</b>	Organize discussion with school disability clubs, leaders of disability associations, local administration, Arrange and carry out public march, To enhance the capacity of member organizations and creating enabling environment for better implementation of programs on people with disability. To create income generation opportunities for persons with disabilities through the provision of initial capital and creation of entrepreneur skills to enable them engage in profitable and manageable projects. Involving beneficiaries in horticulture, Poultry, fattening of cattle and petty trading. Advocate for greater public awareness on issues of disability, improved NGO/government policy dialogue and increased opportunities for persons with disabilities to voice their concerns.
<b>Grace Baptist Church</b>	Create education opportunity and economic empowerment and to raise the awareness of the community
<b>VCH</b>	To create a forum for sharing the experiences and lessons learnt both nationally and internationally in the field of CBR.
<b>VSO</b>	To give students the opportunity to integrate their knowledge and skills into clinical practice in more experienced settings in Ethiopia Methodology
<b>VVAF</b>	Establish a physical rehabilitation and support services program and provide technical advisory to the OMEGA Initiative <ul style="list-style-type: none"> <li>• Establish a physiotherapy unit and improve the gait training area of the Dessie workshop to enhance services to PWD and increase the number of beneficiaries.</li> <li>• Establish and orthopedic workshop in Bahir Dar that will eventually serve as the Amhara Regional Centre</li> <li>• Create a community follow up (CFU) program in Dessie and Bahir Dar that will primarily target rural areas</li> <li>• Increase the availability of wheelchairs in the region</li> <li>• Enhance communication and coordination o with NGO partners and the government</li> <li>• Increase access to social and economic opportunities through the inclusion o PWD in micro-finance and related development programs</li> </ul>

	<ul style="list-style-type: none"> <li>Facilitate networking among organization supporting PWDs to further concerted action a</li> <li>Advocate for greater public awareness on issues of disability, improved NGOs/government policy dialog and increased opportunities for PWDs to voice their concerns.</li> </ul>
Assefa Bersofekad	<ul style="list-style-type: none"> <li>To carry out baseline/ needs assessment</li> </ul>

## 6. Country Results

### IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### 1. Number of orthopedic and rehabilitative established and or improved

- 3 facilities improved:
  - The Bahir Dar Centre was established to provide both treatment and training in the northern part of Ethiopia. Bahar Dir Centre is currently the largest centre of O&P in the northern part of Ethiopia and makes wheelchairs and tricycles which are provided free to persons with disabilities on recommendation of community workers/leaders who assess their need and whether or not they can pay for the chairs.
  - Awassa Orthotic and Prosthetic Centre was supported to provide orthopaedic and physiotherapy to over 900 beneficiaries in the southern part of Ethiopia.
  - The Gait Training Center and physiotherapy area of Dessie Orthopedic Center were constructed in a joint effort with the World Bank.

#### 2. Number of assistive /prosthetics / orthotics produced and distributed

- More than 1,000 **prosthetics / orthotics produced, purchased and distributed**
  - 591 canes and walking aids, 213 wheel chairs, 103 lower limb orthotics, 82 lower limb prosthesis, 55 tricycles, 4 upper limb orthotics, 2 auxiliary crutches and 11 toilets

#### 3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support

- More than 1,000 people provided with assistive /prosthetics / orthotics support:
  - Includes lower limb prosthesis, lower limb orthotics, and upper limb orthotics, walking aids or support in maintenance or modification of wheel chairs or prosthesis.

#### 4. Number of persons with disabilities who received rehabilitation services

- More than 3,000 **persons with disabilities received rehabilitation services (physiotherapy and follow-up sessions and or community follow-ups)**
  - 3,000 physiotherapy sessions provided at the Bahir Dar Center. Bahir Dar is now providing services to over 80 persons with disabilities *each day* and can accommodate up to 89 patients in dormitories.

- 2,550 persons benefited from physiotherapy and follow-up sessions through the Dessie Orthopedic Centre; 119 beneficiaries benefited from community follow-ups in Dessie
- 147 sessions of physiotherapy were provided at the Awassa Orthotic and Prosthetic Centre

**IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

**Key Country Results / Highlights**

- **Increasing the voice of and concern for people with disabilities in media and public debate**
  - Policy work focused on creating awareness on the legal rights afforded persons with disabilities under Ethiopian law and on the needs of persons with disabilities - more than 500 participants attend 6 workshops, including selected government officials, NGOs working in disability, persons with disability, and other respected members of the communities. The Dessie Orthopedic Center established a peer support group and disability awareness radio program and the ADA (Amhara Development Association) ran an advocacy campaign that included awareness raising workshops a on the rights of persons with disabilities distribution of publications, shirts, caps and banners to representatives of government and civil society who attended.
- **Enhancing the laws and regulatory environment for people with disabilities**
  - OMEGA sub grantees successfully lobbied for the mainstreaming of disability issues into National policies, specifically the HIV/AIDS Act and Legislation and the National Strategy for Growth and Poverty Reduction. OMEGA sub grantees also successfully lobbied for the Government to set aside land to construct several Centers for People with Disabilities. The land on which the Bahir Dar and Dessie Centers were constructed by VVAF was provided by the Federal Governments as was the Centre in Awassa. The Ethiopian Government has since provided additional land to both the centers in Bahir Dar and in Awassa for the additional requirements of the respective organizations.
- **Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation**
  - ADA (Amhara Development Association) brought together a total of 180 government officials, politicians, leaders of schools and NGOs in a series of workshops to outline issues and develop community action plans at Woreda/District level to address issues affecting persons with disabilities. The workshops produced innovative project plans to address issues of people with disabilities. While many of these project plans were never implemented due to resourcing issues, some were implemented with phenomenal success and resulted in increased school enrollment of children with disabilities, micro enterprise start up for persons with disabilities and awareness rising of issues facing persons with disabilities in

school. ADA also brought together individuals to share lessons on mainstreaming and implementing programs for disability persons.

- Community based resource networks were established in Addis Ababa and Bahar Dar. The Community Based Rehabilitation Network (CBRN) in Addis Ababa has brought together 14 organizations into its network. These networks have continued to lobby organizations and groups to support persons with disabilities and production of relevant manuals and posters.

**IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

**Key Country Results / Highlights**

**1. The provision in-kind support and technical assistance to organizations providing services to persons with disabilities.**

- OMEGA funding sent 81 students who were qualified in Orthopedic and Prosthetic technology to other hospitals to gain practical experience. One of those students, represents a particular success story as Mr. Akinsut, subsequently (and due in part to the Omega supported training) became the head of the new Physiotherapy Department. Additionally, funding was provided for 2 volunteers who founded a Physiotherapy Department at Gonda University which now offers training in Orthopedic and Physiotherapy at the Bachelors level. These volunteers also assisted in the establishment of a training and referral system at the university for patients from other centers around Gonda.

**2. The provision of technical assistance to organizations providing services to persons with disabilities.**

- In Ethiopia, the Bahir Dar centre received extensive technical assistance to prosthetic and orthopedic government staff by VVAF. One key outcome of this technical assistance was the establishment of a partnership with the Bureau for Labor and Social Services (BOLSA) which enhanced the sustainability of activities at the Bahir Dar Center. TA was also helpful in ensuring the expansion of services at the Orthopedic and Prosthetic Center in Awasa.
- Most institutions reported that the number of persons with disabilities they have been able to serve increased as a result of the institutional capacity services they were provided under Omega, and many respondents noted a marked increase in the efficiency of rehabilitation centers.

**IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrollment in formal and non-formal education.

**Key Country Results / Highlights****1. Number of persons receiving training on income generation activities and other areas.**

- 150 parents were trained by Grace Baptist in Dessie on income generation and management of microenterprises

**2. Provision of micro loans to persons with disabilities/the families of children with disabilities.**

- 2 micro loan programs were established
  - The micro finance project in Dessie targeted women with disabilities or the mothers of children with disabilities, the average loan amount was \$100 with 40 individuals taking out and repaying loans in the project period.
  - The micro finance project in Dessie targeted primarily men.

**3. Other**

- The Dessie orthopaedic Centre established a peer support group for persons with disabilities, also in Dessie, Grace Baptist supported housing adaptations for families needing more accessible housing; translated and distributed manuals for children and volunteers working with persons with disabilities; and provided school supplies and food for children in schools to 40 children

**7. Strengths and weaknesses****Notable Strengths**

- The selection criteria (capacity to manage funds, technical capacity to implement project activities and staff composition) used was useful in selecting credible and performing organizations.
- Meetings and discussions held with key stakeholders before awarding grants were useful in providing an understanding of the needs of person with disability and also identifying information gaps which facilitated formulation of the baseline.
- The baseline carried out in Bahar Dar by VVAF before establishment of the centre was useful in informing the type of services needed and hence establishing a centre that provided relevant services to persons with disability.
- The projects targeted areas that previously had minimal or no services addressing the needs of persons with disability.
- Establishment of networks in Bahar Dar and Addis facilitated coordination of activities such as sensitization workshops and fundraising.

- Technical advice and support from the two technical advisers attached to VVAF provided the much needed technical advice and support during establishment and equipping of the centres in Bahar Dar and Dessie. They also played a key role in negotiations with the government to provide land for construction of the centres especially in Bahar Dar.
- The technical training provided to Government staff working at the centres both in Dessie and Bahar Dar provided a key human resource during and after the time VVAF. All the 15 Bahar Dar technical staff employed by VVAF continues to work at the centre, one of them is the senior manager of the centre.
- Construction materials used to construct the Bahar Dar and Dessie centres as well as equipment supplied to these centres and other centres in Awasa and Kambolcha were of good quality. They are durable and continue to provide the services with minimal maintenance.

#### **Notable Weaknesses**

- The design of having VVAF providing technical support in physical rehab/prosthesis/orthosis and Pact Ethiopia providing capacity building support and socio-economic integration was a good idea for ensuring socio-economic integration of beneficiaries who received prosthetics and orthotics support. However, the partnership between VVAF and Pact Ethiopia did not work smoothly due to challenges related to internal operations/management, lack of clear communication and feedback mechanisms, unclear decision making procedures and personal interest among others had a negative impact on the program. Delayed start up of activities abrupt departure by VVAF accompanied by change of management after and during implementation of the grant period greatly challenged continuity of the project.
- VVAF wined its activities before the stipulated time, leaving core aspects of the program pending, the end of project evaluation and handover discussions held between VVAF and the Government of Ethiopia (Bureau of labor and social; services -BOLSA) facilitated drafting of an agreement that saw USAID, the Government (BOLSA) and ICRC continue with the planned activities.
- Micro-finance projects in Bahir Dar did not have a revolving fund; this affected both startup and sustainability of the microenterprises. Micro-finance projects in Bahar Dar did not survive for a long time after the OMEGA funding, however those in Kombolcha have remained as revolving finance structures for the groups accessing them and women beneficiaries continue with businesses started with funds provided by OMEGA.
- A number of the grantees felt that the amounts awarded in the grants were too small to contribute to long lasting impact.

8. Lessons and recommendations

KEY LESSONS	RECOMMENDATIONS
<p>Sub grantees who had worked with Pact in previous projects prior to Omega funding had benefited from previous capacity building initiatives to strengthen their capacity to implement grants. These grantees were more efficient and effective in managing the grant.</p>	<p>Future programs should continue to acknowledge the value of capacity building in grant making programs</p>
<p>If not well managed, partnerships can compromise achievement of performance of project results.</p>	<p>Future programs working with partnerships should be guided by a clear partnership strategy that outlines, the terms of engagement for each partner, memorandum of understanding, decision making and reporting protocols communication and feedback mechanisms among others.</p>
<p>Baseline data is critical for providing quality prosthetics/orthotics and rehabilitation services to persons with disabilities</p>	<p>Targets and operations for future programs should be informed by a baseline data carried out at the start of the project. This should be planned for and budget for in the project design. Where up to date and relevant data is available in existing secondary data, it can be audited analysed and used to adapt to realistic project targets.</p>
<p>Both negotiation skills and technical skills are critical to ensure buy in from the government, when lobbying sensitive issues that seem to be going against Governments policies and ideologies such as dealing with war victims.</p>	<p>Future programs should anticipate the challenges that may occur when dealing with various governments and plan appropriately.</p>
<p>Uptake by Government is critical for project sustainability.</p>	<p>Future programs should involve the government at all stages of the project (design, financing, implementation and follow-up).</p> <p>Future program should engage the government in designing the phase in and phase out strategy with clear roles and responsibilities for both the NGO and the Government in implementation of phase in/out activities.</p>
<p>Providing training in technical areas such as physiotherapy/physical rehabilitation can go a long way in increasing availability of technical staff in the country.</p>	<p>Future programs should support training institutions such as Universities and technical institutions offering training in physiotherapy/physical rehabilitation and also provide sponsorship to the students.</p>

<p>Involvement of women in microenterprises aimed at socio-economic integration of persons with disabilities is key to success of the enterprises</p>	<p>Future programs should be guided by a gender analysis to a certain key gender issues among the persons with disabilities (what resources do they have , who controls what resources, who controls benefits, roles and responsibilities, decision making)</p>
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## OMEGA IN KENYA

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### 1. COUNTRY CONTEXT

In Kenya the availability of statistics on disability is poor however, it is reported that the prevalence of disability is high. The 1989 study by the Central Bureau of Statistics, Kenya Population Census reported that the percentage of persons with disabilities in Kenya is approximately 1%, this is considered an under reporting.

In Kenya the primary causes of physical disability are polio and road traffic accidents. Even though polio had largely been eradicated in the country sporadic cases are still being reported as a result of cross border traffic. The preliminary findings of the 2008/09 KDHS show that vaccine coverage for polio 2 and 3 is 94% and 75% respectively. It is estimated that about 0.4% (132,000 of the 33 million reported in 1999) of the population require wheelchairs including the hand-operated tricycles<sup>21</sup>.

Kenya's Persons with Disability Act of 2003, which was promulgated into law on the 16<sup>th</sup> June 2004, constitutes eight sections, ensuring the coverage of the majority of issues designated to addressing issues of persons with disabilities. The act provides for the establishment of the National Council for Persons with Disabilities as the focal point for all issues relating to persons with disabilities; to implement and ensure the implementation of the rights of persons with disabilities covered in the Act and to formulate and develop measures and policies designed to ensure that persons with disabilities are educated, employed and participate fully in sporting recreational and cultural activities.

While legislation is in place to protect and secure the health and safety of persons with disabilities, implementation has been criticized by many. The examination of legislation and policies found that the Constitution of Kenya guarantees the human rights and liberties of all citizens. However, although the constitution outlaws discrimination on grounds such as race, tribe, or color, it does not specifically outlaw discrimination on the basis of disability. Further, anti-discrimination laws have not been enforced in cases where disability-related discrimination has occurred.

The Ministry of Culture, Sports, Gender, and Social Services are responsible for social affairs including disability-related issues. There are numerous disabled people's organizations in Kenya many of which are registered, but there is limited partnership among the organizations especially around awareness creation and support to community-based organizations to address disability and related issues. The United Disabled Persons of Kenya (UDPK) is the umbrella organization for all registered disabled persons organizations in Kenya.

The emancipation of persons with disabilities remains a major challenge in Kenya. There are inadequate preventive and rehabilitation services; discrimination continues to face persons with disabilities, further compounding their already difficult circumstances. The situation is complicated by the vulnerability of persons with disabilities to the HIV & AIDS pandemic. In addition the improvement in their socio-economic livelihoods has been largely ignored by society, making it even more difficult for them to access services or protect themselves from the HI virus. Similarly, access to information of all forms and on many matters that affect their own lives remains a severe and limiting challenge. Interviews with individual persons with disabilities in Kenya found that nearly three-quarters had been denied the right to make decisions affecting their own lives. Also, 80% reported experiencing segregation, isolation, and lack of support for their needs. More than one-third reported that their own families had committed abuse or violence against them, and more than 45% reported that their families did not allow them to participate in family activities on the same basis as other family members<sup>22</sup>.

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<sup>21</sup> Website: <http://www.yorku.ca/drpi/files/KenyaReport07.pdf>

<sup>22</sup> Website: [www.mshale.com/article.cfm?articleID=1296](http://www.mshale.com/article.cfm?articleID=1296)

Kenya signed the **UNCRPD** on 30 March 2007 and ratified on 19 May 2008. Kenya has not signed the Optional Protocol.

**2. The goal of Omega in Kenya**

The major focus of OMEGA in Kenya was provision of orthopedic and rehabilitative services to persons with disabilities and on the reintegration of persons with disabilities into mainstream society.

**3. Level of total funding to the country under the Omega initiative**

Kenya received total grants amounting to US\$ 1,628,268, equivalent to 12.2% of the total grant amount.

**4. Distribution of grants**

The grants were distributed to 8 organizations as listed in table 1 below.

**Table 7: OMEGA Funding in Kenya**

Organization - Project name (areas of implementation)	Period	Value of Grant (USD)	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
<b>AIC</b> -Bethany; Mobile medical rehabilitations,( 8 major towns)	1/04-5/05	19,227		Yes		Yes	
<b>APDK</b> - Distribution of orthopaedic appliances ( 9 provincial branches)	2/04-4/05	49,729		Yes			
<b>APDK</b> - New orthopaedic products, Sales & micro-credit	9/05-3/07	200,000		Yes	Yes	Yes	Yes
<b>APDK</b> - Orthopaedic products and socioeconomic empowerment	6/07-5/09	423,309	102,700	Yes	Yes	Yes	Yes
<b>Jaipur</b> - Foot Trust: Prosthetic provision & Capacity building (Jaipur office, at westlands Nairobi)	6/04-5/05	39,311		Yes		Yes	Yes
<b>NARAP</b> - Prosthetic provision & repair; At Dadaab, Kakuma and Kangemi rehabilitation centre.	2/04-4/05	11,988		Yes			Yes
<b>PCEA Kikuyu</b> - Orthopaedic surgery & rehabilitation, at Kikuyu ORC	2/04-4/05	16,666		Yes			Yes
<b>KPDP</b> - Capacity as MFI and provision; in Butere, Kwisero.	1/04-10/04	5,307					Yes
<b>KWBF1</b> - Community sensitisation & Branch establishment, 7 provinces.	5/04-2/05	44,076		Yes			Yes
<b>KWBF2</b> - capacity building and provision of orthopaedic appliances; the 6 branches in Kenya	11/05-5/07	42,375			Yes	Yes	Yes
<b>KWBF3</b> - Wheelchair Basketball & Business entrepreneurship; 6 branches in Kenya.	5/08-8/09	75,000		Yes			Yes
<b>PACT Kenya</b>	9/02-9/09	773,440		Yes	Yes	Yes	Yes

\*IR1 – Orthopedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

**5. Implementing Partners**

All the organizations funded in Kenya were already involved in the work with disabled persons. They were established and had capacity to deliver the services to target group.

**Table 8: Organizational history and focus for the OMEGA Program**

SUB GRANTEE	ORGANIZATIONAL HISTORY AND FOCUS FOR THE OMEGA PROGRAM
Africa Inland Church-Bethany	AIC Bethany Crippled Children’s Centre is a 30 bed specialty hospital dedicated to the care of children with disabilities in Kenya and was established in 1998. It provides medical, spiritual and social rehabilitation within the hospital. Areas include Kenya (Mombasa, Kitale, Eldoret, Nakuru, Machakos, Embu and Kakuma Refugee Camp). The Omega funding focused on provision of medical and social rehabilitation of crippled children.
Association of the Physically Disabled of Kenya (APDK)	Association for the Physically Disabled of Kenya (APDK) was established in 1958. Their focus in on assisting persons with physical disability through the provision of wheelchairs and clinical rehabilitation. They also operate an orthopedic workshop/prosthetic fabrication. Through Omega funding, APDK focused on provision of prosthesis/orthosis services and soci economic empowerment.
Nairobi Archdiocese Refugee Assistance Programme (NARAP)	The Kangemi Rehabilitation Center (KRC) opened its doors in August 1994. At that time the Jesuit Refugee Service (JRS) was an implementing partner of the UNHCR. The JRS therefore decided to build its own orthopedic unit, the Kangemi Rehabilitation Center (KRC). Through OMEGA funding them produced and repaired Prosthetics and orthoses and conducted patient follow up.
Kenya Wheelchair Basketball Federation (KWBF)	Kenya Wheelchair Basketball Federation (KWBF) was established in the year 2000 as the National Umbrella body for wheelchair basketball in Kenya. KWBF is the brainchild of a number of athletes who were part of a team of physically disabled athletes who participated in the 1996 Paralympics Games in Atlanta, U.S.A. Through OMEGA funding they hoped to promote of wheelchair basketball and to assist in socioeconomic reintegration through the establishment of micro enterprises.
PCEA Kikuyu Orthopaedic Rehabilitation Centre	P.C.E.A Kikuyu Orthopedic Rehabilitation Centre (K.O.R.C.) an affiliate of P.C.E.A. Kikuyu Hospital has been in existence for the last one hundred and four years. K.O.R.C was founded on donations from U.S.A.I.D, American Schools and Hospitals abroad, the Presbyterian Church of U.S.A and the Presbyterian Church of Korea, Medical Benevolence Foundation and Wilson Rehabilitation Foundation. OMEGA funding assisted with the provision of Orthopedic Surgery and rehabilitation services.
Kenya Programmes of Disabled Persons (KPDP)	Kenya Programs of Disabled Persons (KPDP) is a humanitarian National nonprofit organization with a focus on the special needs and rights of persons with various disabilities in Kenya. KPDP is both an advocacy and a service delivery organization. KPDP was formed in 1998, registered in December 1999 with the operations commencing in year 2000. The Omega fund focused on provision of Micro-financial services.
Jaipur FOOT Trust	The organization, “The Jaipur Foot Trust” (which is non-profit making) was established in early 1990 by the Rotary Club of Nairobi South to provide, free of charge, artificial legs to amputees who had lost their legs as a result of civil strife, road and other accidents. Prostheses/Orthoses & Client follow-up. Through Omega Funding Jaipur was able to focus on provision of prosthetics/orthotics and rehabilitation.

## 6. COUNTRY RESULTS

### **IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.**

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### **Key Results**

The Omega initiative achieved the following results

#### **1. Number of orthopedic and rehabilitative established and or improved**

- 5 facilities improved:
  - AIC Bethany Orthopedic and Rehabilitation Center was provided with support to carry out orthopedic surgical operations for adults and children.
  - PCEA Kikuyu Orthopedic and Rehabilitation Center was provided with support to carry out orthopedic surgical operations for adults and children.
  - APDK Clinical Rehabilitation Centre was provided support including the wheelchair workshop, orthopedic workshop.
  - Jaipur Orthopedic and Rehabilitation Workshop , focusing on production repair and fitting of prosthetics and orthotics
  - NARAP Orthopedic Workshop service delivery points were refurbished and equipped.
- 13 mobile health clinics supported.

#### **2. Number of mobility / prosthetics / orthotics produced and distributed**

- More than 4,000 **prosthetics / orthotics produced, purchased and distributed**
  - 3,288 wheelchairs and tricycles, 775 orthotics, 159 with prostheses.

#### **3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support**

- More than 4,000 people provided with assistive / prosthetics / orthotics support:
  - Includes prosthesis, orthotics, wheel chairs and tricycles.

#### **4. Number of persons with disabilities who received follow-up services for rehabilitation services**

- 351 people received orthopaedic and rehabilitation services at the different centre

### **IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

**Overall Findings****Key results / highlights****1. Increasing the voice of and concern for people with disabilities in media and public debate**

- Work focused on raising awareness through sports. The Wheelchair Basketball Federation (KWBF) worked to have the wheelchair basketball mainstreamed into the national sports by the Kenya National Sports Council. As a result the Government contributed approx \$2,800 (USD) towards player's allowances. The KWBF was identified in 2004 by the International Wheelchair Basketball Federation (IWBF) as capable of hosting an international event; and as a result Kenya was given the opportunity to host the under-22 World Junior Championship qualifiers of wheelchair basketball in April/May 2005.

**2. Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation.**

- KWBF and APDK lobbied for the government to provide resources to organizations working for persons with disability. As a result, the Government donated office space for KWBF national office. The Government also extended similar support to APDK, all branch offices are now housed in GoK institutions.
- In Kenya, APDK successfully lobbied the Kenya Government and other agencies to support increased investment of resources in locally made (and setting appropriate) wheelchairs.

**IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

**Key results**

OMEGA funding had a definite positive impact on the capacity of institutions to deliver quality services.

**1. Provision of both informal and internationally recognized and standardized training for individuals and organizations providing services to persons with disabilities.**

- In Kenya, the AIC Bethany Cripple Children Centre trained 6 orthopedic technology students and 3 Physiotherapy students over a 3 month period at the Kijabe AICCC. These students returned to the Medical Training College (KMTC) and are now qualified staff employed by the Ministry of Health providing services in different institutions in the country. Omega also provided technical training to one sub-grantee on the use of machinery, materials and components, measurements/fabrication/fitting of both trans-femoral and trans – tibial prosthesis, and sponsored one of their staff members in orthopedic technology at the Kenya Medical Training College.

**2. The provision of technical assistance to organizations providing services to persons with disabilities.**

- 23 members from 6 branches of the KWBF received support in leadership and management, financial management and resource mobilization resulting in branches managing their own finances and conducting fundraising independently.
- Jaipur received technical assistance on the ordering of materials and workshop arrangement which greatly enhanced their efficiency. Technical staff working for Jaipur received training on the use of machinery materials and components, measurements/ fabrication/ fitting of both trans-femoral and Trans – tibial prosthesis, ordering of materials, workshop arrangement, and incorporation of the ICRC knee. Jaipur employed 2 technical staff (a physical therapist and a technician) through Omega.

**3. Changes and/or advances in the technology and facilities used by organizations providing services to persons with disabilities.**

- Omega supported a technology research grant that resulted in the development of new products for persons with disabilities targeting specific issues. These new products include: Basket ball wheelchair, Blue Hummer (specifically designed to traverse rough terrain), Gear-fitted 7 and 21 speed tricycle, Special seats, MIT 2-gear system tricycle, Clip-on tricycle (where a wheelchair can be fitted with a third detachable wheel to become a tricycle) and a Tricycle with a longer peddling stand.
- 10 patients participated in a successful trial combining the ICRC knee joints with trans-femoral and trans-tibial prostheses resulting in enhanced mobility and reduced cost of components in Kenya.
- AIC Bethany was provided with 1 laptop

**IR4: social and economic reintegration: increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

**Key Results / Highlights**

**1. Provision of micro loans to persons with disabilities/the families of children with disabilities.**

- 1 micro loan program was established

Country	Micro loan programs established	Standard loan size	Notes
Kenya	2) APDK A total of 148 groups were established with a total of 2,373 members -- 887 member loans were provided.	\$116 USD	In Kenya APDK established a microfinance loan scheme which has been operating since January 2006 with OMEGA funds. A revolving fund has been fully established with regular support from APDK headquarters. A total of 148 groups were established with a total of 2,373 members. Of these 887 members have received loans with a value of Kshs 7,955,148. A total revolving credit facility of Kshs 5,107,020 has been established

## **7. STRENGTHS & WEAKNESSES**

### **NOTABLE STRENGTHS**

- Grantees reported that they found the orientation workshops prior to the award useful; they facilitated application of the award and provided knowledge on the various tools to be used.
- Through NAARP (based in Kenya), persons with disabilities (war victims) from cross border countries affected by war such as Somalia, benefited from orthopaedic and rehabilitative services - this is a historically difficult group to target for services.
- Production and sale of products by APDK has sustained the grant support. APDK is now a regional exporter of wheelchairs to various countries of Africa region e.g. to Eritrea, Algeria, Sudan etc.
- Socio-economic activities implemented by organisations like APDKF and KWBF resulted in the beneficiaries starting businesses and improving the quality of their lives.
- The comprehensive training KWBF received on institutional development focusing on leadership, general management, and fundraising financial management resulted in improved accountability and transparency of the organisation. Since the assistance KWBF has managed to raise funds to train new members and to support provincial competitions.
- The 'Piece work' method for wheelchair/tricycle production (where staff is compensated on the basis of components they fabricate) worked well as it motivated staff to produce more pieces and increase production.
- Technical support provided to KWBF and Jaipur was of high quality and produced solid results.
- Jaipur successfully adopted the ICRC technology which not only improved performance but resulted in increasing awareness / publicity among other organization working in the same area.
- The Omega research grant to APDK was very successful has enabled them to produce and provide new designs and special products

### **NOTABLE WEAKNESSES**

- Provision of services through organisations like AIC Bethany mobile clinic and refugee camps of Dadaab and Kakuma through NARAP posed challenges such as long distances to be travelled every month. Once there the mobile clinics could often not provide a number of needed services and most of the beneficiaries had been referred back to service delivery points.
- Some beneficiaries at the community level could not afford to purchase wheelchairs and crutches after treatment and no alternatives were available to them.
- Due to budget constraints, some organizations like AIC Bethany, Jaipur and Kikuyu Orthopaedic Centre could not do outreach to follow-up the patients who had been operated on. Follow-up was based on response to questionnaires sent to beneficiaries, and the response rate was quite low.
- Mobile clinics by the AIC Bethany to the Kakuma refugee camp was at one time suspended/cancelled due to closure of the airstrip. This affected service provision and some beneficiaries missed follow-up services.
- Buy in from the government for its full commitment to mainstreaming and subsidizing wheelchair production and maintenance was not easy to accomplish. It needed persistence, regular meetings which took time.
- The 4 hour weekly training recommended for basketball training was difficult to maintain as the KWBF members found it expensive to support their travel and lunches.

8. KEY LESSONS AND RECOMMENDATIONS

KEY LESSONS	RECOMMENDATIONS
Wide geographical coverage can be achieved in a more cost effective and sustainable way by working with grantees that operate as umbrella organizations with branches / chapters throughout the country at provincial level.	Future projects implementing projects country wide or in project areas that are diverse should consider working with grantees that have representation at grass root level. While observing this, it is also critical to ensure that the chapters/branches at grass root level have the required capacity, there may be a need to build the capacity at this level, hence the need to anticipate this in resource allocation (human, money and time)
Production of assistive aids for sale can be a viable sustainability mechanism for service delivery centers	Future programs should consider working with organizations that have adequate and long-term capacity to produce assistive aids such as wheel chairs, or should strengthen this capacity to enable them produce at large-scale and open their markets to national or regional level.
Treatment, rehabilitation and recovery of persons with disabilities can be hampered by the cost of assistive aids recommended to the patients	Future programs should anticipate the affordability of assistive aids to patients undergoing treatment/surgery. A mechanism to subsidise of even provides aids (free of charge) to patients who have undergone treatment/surgery should be fully explored to ensure that needy patients have access to assistive aids.
Providing treatment to persons with disabilities without adequate follow-up/outreach can compromise the value of the support provided to persons with disabilities.	Future programs providing support for treatment/surgical operations should anticipate the need for providing outreach and follow-up to the beneficiaries, and budget for this.  Follow-up mechanisms such as cost sharing with the health facilities as well as working closely with the government line ministries can be a cost effective and sustainable way of providing follow-up and outreach.
Poor Physical Infrastructure (road network) can be a great impediment for providing mobile clinics and follow-up support to patients	In future, programs anticipating operating mobile clinics should analyse issue related to infrastructure and plan for this accordingly as well as allocate for appropriate resources.
Production systems such as APDKs 'Piece work' method of producing wheelchair/tricycles are innovative, cost effective and motivate staff to produce more.	Future programs should document and disseminate ideas for Innovative and cost effective production system.  Knowledge sharing for transfer of technology to encourage use of innovative and cost effecting production systems should be addressed in future programs.

Research and training is key to providing quality services to persons with disabilities.	Future program should consider incorporating resources for research (scientific and exploratory), exposure tours as well as sponsorship for specialised training.

## OMEGA IN SIERRA LEONE

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### 1. Country CONTEXT:

The exact prevalence of disability for Sierra Leone is not known. A national census in 2005 put physical disability at 1% of the total population. This is considered an apparent undercount and is in doubt when compared with other countries in similar situations. One focal survey done in Kabala put the District's prevalence for disability at 7% of the district population<sup>23</sup>. It is believed that the West African state has a high proportion of its 12 million population physically disabled by Poliomyelitis. The situation is compounded by a decade of civil war which left 50,000 people dead and tens of thousands maimed. Sierra Leone has ratified many conventions dealing with human rights & disability.

Within a socio-economic context, disabled persons are among the poorest and most stigmatized and marginalized irrespective of the cause of disability. Thus, disability and poverty are linked in a vicious circle. After the onset of disability, barriers to health, rehabilitation services, education, employment and other socio-economic livelihood can trap the individual in a cycle of poverty. Disability also significantly impacts on the lives of disabled individuals family members and communities. The majority people with disabilities in Sierra Leone have no access to education, rehabilitation services and are unable to start socio-economic livelihood activities to support themselves<sup>24</sup>.

Sierra Leone signed the UNCRPD on 30 March 2007 and signed the Optional Protocol on the same date. However Sierra Leone has not Ratified UNCRPD in country.<sup>25</sup>

### 2. The goal of Omega in Sierra Leone

The goal of Omega in Sierra Leone was enable disabled civilians regain dignity and become productive citizens in the community and through rehabilitation, education and, socio-economic reintegration of the civilian war victims and other persons with disabilities.

### 3. Level of total funding in Sierra Leon

Sierra Leone received a total grant amounting to US\$ 1,536,532, equivalent to 11.5% of the total grant amount.

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<sup>23</sup> Evaluation of Kabala community Project, March 2007

<sup>24</sup> Project descriptions LCI, WHI & CCI, 2004-05

<sup>25</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: Convention and Optional Protocol Signatures and Ratifications

#### 4. Distribution of grants

The grants were distributed to 4 organizations below.

**Table 9: OMEGA funding to Sierra Leon**

Organization - Project name (areas of implementation)	Period	Disbursed funds (USD)**	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
<b>CAUSE Canada</b> – Socio-economic reintegration & advocacy (Kono, Makeni, Kailahun, Kenema)	2003/05	308,166	35,601		Yes		Yes
<b>Handicap International</b> – CBR, orthopedic/rehab services, Policy & institutional capacity (Kono, Bo, Makeni, Freetown)	2003/06	1,124,959	753,974	Yes	Yes	Yes	Yes
<b>Leonard Cheshire</b> – orthopedic & rehab services, socio-economic reintegration (Koinadugu, Bo)	2004/05	23,851	-	Yes			Yes
	2005/06	33,190	-	Yes			Yes
<b>World Hope</b> – Socio-economic reintegration, Policy (Makeni, Tonkolili)	2004/05	45,987	-		Yes		Yes

\*IR1 – Orthopedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

#### 5. Implementing partners

The grant was implemented through 4 organizations who were already were already involved working with disabled persons. Table 2 below outlines the background of the organizations and their focus for the Omega programs.

**Table 10: Organizational history and focus for the OMEGA Program in Sierra Leon**

SUB GRANTEE	ORGANIZATIONAL HISTORY AND FOCUS FOR THE OMEGA PROGRAM
<b>CAUSE Canada</b>	CAUSE Sierra Leone Programme is comprised of the Country Director (as Chief Executive), senior managers, and admin/finance team and program coordinators. Decisions from the Board of Directors in CAUSE Canada Headquarters and from donors filter through the Country Director who meets with and informs colleagues. The decisions are then passed on to other staff of the organisation. Their focus through OMEGA was on Socio-Economic reintegration through recreation & microcredit business development.
<b>Handicap International</b>	HI program and projects implementation process is under the responsibility of a Field Program Director (FPD), Lucile PAPON. The FPD guarantees the quality of the project implementation, follow up and evaluation, as well as human resources and financial management: Orthopedic and Rehabilitation services, capacity & Policy developments were the key focus areas through Omega.
<b>Leonard Cheshire</b>	Leonard Cheshire is a UK registered charity and a company limited by guarantee and is managed by a Board of Trustees. Leonard Cheshire International is a department of Leonard Cheshire with 9 UK staff managed by the International Director and 17 training and development international staff, who are all nationals of the region where they are based. Leonard Cheshire International (LCI) operates in 54 countries and works in partnership with 255 independent organizations worldwide: Focus under Omega funding was on Education & Socio-economic reintegration through microfinance & Physical rehabilitation.
<b>World Hope</b>	World Hope International (WHI) is an international non-Government Organization which has been working in Sierra Leone since June, 1998 in Education, Health and Micro enterprise development: Socio-economic reintegration through micro enterprise development was the key focus areas under Omega.

## 6. COUNTRY RESULTS

### **IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.**

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### **Results**

##### **1. Number of orthopedic and rehabilitative established and or improved**

- 3 facilities were improved by the purchase of equipment (Bo government hospital in Bo District, Koidu Government Hospital in Koidu District, National Rehabilitation centre (NRC), formally called Leg and Foot centre (LFC) in Freetown)

##### **2. Number of assistive /prosthetics / orthotics produced and distributed**

- More than 1,315 prosthetics / orthotics produced, purchased and distributed

##### **3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support**

- More than 1,300 people provided with assistive /prosthetics / orthotics support:

##### **4. Number of persons with disabilities who received rehabilitation services**

- 3,150 people had their needs assessed for rehabilitative services

### **IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

#### **Key results**

##### **1. Increasing the voice of and concern for people with disabilities in media and public debate**

- Work focused on raising the voice of and concern for people with disabilities through the media – with the broadcast of 28 radio programs between July 2003 and June 2005 highlighting reintegration issues.
- Activities of SLUDI that were extensively supported by OMEGA grantees included: (1) International Day for Disability Awareness Raising, (2) Capacity building of Disabled Persons Organizations and (3) provision of financial support for a number of activities designed to mitigate the issues faced by people with disabilities.

## **2. Enhancing the laws and regulatory environment for people with disabilities**

- Two OMEGA sub grantees initiated, through the Sierra Leone Union on Disability Issues (SLUDI), the drafting and support of the Disability Bill for Sierra Leone by the conference of Disabled People's Organizations that contributed to and ratified this bill. The Disability Bill has been passed to the Law Reform Commission prior to going to parliament after which it will become law.

## **3. Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation.**

- Advocacy efforts to increase access to education for children with disabilities by OMEGA sub grantees, resulted in the **Directorate of Special Education** mainstreaming pro access guidance and disability awareness issues into teacher training and school curriculums

### **IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

#### **Key Results**

##### **1. Provision of both informal and internationally recognized and standardized training for individuals and organizations providing services to persons with disabilities.**

- In Sierra Leone significant investment was provided for the professional training of 51 individuals, many of whom were sent out of country (to Kenya or Tanzania) for formal training in either the areas of Occupational Therapy, Physiotherapy, or Orthopedic and Prosthetic technology Level II (all 3 year courses), or in Orthopedic and Prosthetic technology Level II (a 1 year course), others were trained as Wheelchair Technicians and Community Based Rehabilitation Workers. Today these individuals remain working in the sector in Sierra Leone.
- Enhanced management and leadership skills to 12 participants from Volunteer Management committees.

### **IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

## Key Country Results / Highlights

### 1. Number of persons receiving training on income generation activities and other areas.

- 148 people **received training on income generation activities**
  - Leonard Cheshire International provided the following training:
    - Vocational training (tailoring and weaving) to 10 young persons with disabilities;
    - Finance management training to the parents of 30 children with disabilities;
    - Business development and management training to 108 persons with disabilities who had no background in business; and,

### 2. Provision of micro loans to persons with disabilities/the families of children with disabilities.

- 3 micro loan programs were established:
  - LCI developed and provided revolving loan facility. This loan facility currently has a balance of 4 million Leones, and all original loans had been paid in full.
  - WHI provided 312 persons with disabilities with micro loans to start micro enterprises. This loan facility has been established as a revolving credit facility from which every member can borrow and pay back.
  - CC provided 413 people with disability with micro loans to start income generation activities in Kono and Kailahun.

### 3. Reintegration of persons with disabilities through sport and other reintegration initiatives.

- Foot ball and drama clubs were established in Makeni.
- Leonard Cheshire International supported children with disabilities access schools by:
  - Identifying and assisting 30 children with disabilities to enroll in school;
  - Providing educational materials (school fees, uniforms and books) to children with disabilities in 2 schools;
  - Providing furniture, ramps and water wells to 3 schools in the Kabala area; and,
  - Training teachers from 2 schools on education issues, housing issues and medical issues of disability.

**7. STRENGTHS & WEAKNESSES****Notable Strengths**

- OMEGA projects ended in Sierra Leone in 2005 and 2006, however most organizations have continued with their work in the disability sector through alternative funding:
  - HI have maintained staff trained during the OMEGA initiative and continue with wheelchair and prosthetic production and supply through support from Rotary International and Motivation UK;
  - World Hope maintain equipment purchased with OMEGA funds and have secured DFID funding to implement a livestock project with amputees;
  - LCI microfinance projects have succeeded in establishing revolving credit facilities which continue to provide loans to the groups. The groups have the skills to manage and maintain the income generation activities;
- The staff trained with funds from OMEGA, continue to provide services in the following facilities:
  - Koidu government hospital
  - Bo government hospital
  - Sir Milton Margai Chesire
- WHI undertook to further the objectives of the OMEGA program by assisting successful recipients of micro loans into mainstream micro-finance institutions;
- In Tonkolili District the Magburaka disabled group and the Makeni polio group remain active in providing leadership to all people with disabilities in the region and advocating for their rights in the community context.
- Grant making process was described by many of the organizations as excellent, especially in terms of disbursement by PACT and to some extent, monitoring the use. The monthly reporting both for narrative and financial reporting kept the grantee organizations on their toes. Pact also gave regular advice on the monthly reports and the six monthly visits. Major achievements for CC include Sports & Recreation and IGAs

**Notable Weaknesses**

- The production of prosthetics was slow in some countries owing to materials only being available from outside the country.
- A factor that negatively affected the establishment of small businesses was the arrival of the Red Cross, who asked beneficiaries to leave their businesses to their relatives and attend business trainings that lasted for six months. By the end of the training most of the businesses that were running had collapsed.
- Organizations like Cause Canada did not have adequate funds to support the outreach program activities.
- There was inadequate support from the government to the various orthopedic and rehabilitation centers, e.g. no government input in the form of resources to run the centers and in terms of meeting their obligations.
- There was a lack of adequate funds to run the orthopedic centers in terms of supply provision - Most materials being used are still imported from outside the country which limits access.
- Some respondents reported reduced support from their husbands after they learned that their partners could support the family through the IGAs “my husband now claim I should use the businesses income to support myself and the family”

- In adequate social integration was observed at Makeni and Chesire where there was an obvious isolation of Persons with Disabilities from the rest of the communities. The psycho social effects still linger on these groups and they don't really feel part of the wider society. As one of them put it, "we thought we would be somewhere we can cultivate and undertake farming activities to help ourselves; but instead, some of our own village men think we get a lot of money from the government and they come to demand it".

**8. LESSONS & COUNTRY SPECIFIC RECOMMENDATIONS**

KEY LESSONS	RECOMMENDATIONS
<p>Production of prosthetics is very slow as most materials for production are imported thus there is still a large unmet demand for services.</p>	<p>Future programs should anticipate the delay required to import products and consider lengthening grant times to account for delays.</p> <p>Future programs should provide support to NGOs to influence national policy to expedite customs and reduce fees on products for prosthetics.</p> <p>Future programs should anticipate the delay and support workshops to adequately plan for the delay and stock supplies in advance.</p>
<p>Capacity building, technical training and institutional support are key in ensuring sustainability aspects / ensure sustainability of project activities and results.</p>	<p>Future programs should allocate resources in terms of time, money and human resource to assessing the capacity of grantee organizations as well as strengthening their capacity to manage the grant.</p>
<p>Socio-economic integration/rehabilitation of persons with disability is slow and requires regular follow-up</p>	<p>Future programs should anticipate the need for providing ongoing outreach and follow-up to the beneficiaries, and budget for this.</p> <p>Follow-up mechanisms such as cost sharing with the health facilities as well as working closely with the government line ministries can be a cost effective and sustainable way of providing follow-up and outreach.</p>
<p>Input from the Government is critical for project sustainability.</p>	<p>Future programs should work with NGOs/Civil Society to lobby for government support and mainstreaming disability in the various national policies, including formulation and implementation of policies for the disability sector.</p>

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## OMEGA IN SOUTHERN SUDAN

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### 1. Country Context

Southern Sudan signed a Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A) of South Sudan with the intention that the south should be autonomous for six years, in preparation for a referendum in 2011. The results of the referendum would determine whether to become independent or remain a single nation<sup>26</sup>. The government of national unity, the National Congress Party (NCP) and Sudan People's Liberation Movement (SPLM) formed a power sharing government, under the 2005 comprehensive peace agreement, the NCP which came to power by military coup in 1989 is the majority partner, the agreement stipulates national elections in 2009<sup>27</sup>.

Southern Sudan has an estimated population ranging from 7.5 million to 9.7 million. From the population estimate and based on the WHO estimation that out of every population, 10% are persons with disabilities, the total population of persons with disabilities may be estimated at 970,000 thousand people<sup>28</sup>. This could even be higher due to long period of war in Sudan, which has also resulted in massive destruction of the infrastructure in Southern Sudan. The health sector is extremely weak, characterized by sub standard services with limited health facilities, particularly when compared to the total population. In some remote areas there are absolutely no services. Official data gives Southern Sudan the world's 5<sup>th</sup> highest maternal mortality ratio (MMR) at 1,700 deaths in every 100,000 live births<sup>29</sup>.

The Ministry of Gender, Social Welfare and Religious Affairs (MoGSWRA) is the overall ministry responsible for disability programs. The South Sudan War Disabled Widows and Orphans Commission (SSWDWOC), created in 2006-07, have a mandate to take care of martyrs, war disabled, widows and orphans. The SSWDWOC has established offices in all 10 States of Southern Sudan and are integral to some of the work done by the OMEGA program. In 2007 a TPR was developed and approved for the Victim Assistance and Disability Working Group who host monthly meetings in Juba and are the only official forum for information sharing related to disability. The Under-Secretary for MoGSWRA Chairs the Working Group in Juba.

The government of Sudan signed the UNCRPD on 30 March 2007; ratified the Convention on 24 April 2009 and further ratified the Optional Protocol on the same date<sup>30</sup>.

### 2. The goal of Omega in Southern Sudan

In Southern Sudan the goal of OMEGA was to improve the overall quality of life of civilian disabled persons and other persons with disabilities through provision of orthopedic and rehabilitative services and improving the capacity of the institutions providing the services.

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<sup>26</sup> UNFPA Sudan Country Office, 2008

<sup>27</sup> Sudan Government 2009, CIA world Fact Book

<sup>28</sup> World Health Organization, United Nations Enable, Rights and Dignity of Persons with Disability, Fact sheet on Persons with Disability, 2009

<sup>29</sup> UNFPA Sudan Country Office

<sup>30</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: Convention and Optional Protocol Signatures and Ratifications

### 3. Level of total funding to the country under the Omega initiative

Out of the total OMEGA Initiative contract amount US\$ 13,351,885, Southern Sudan received total grants amounting to US\$ 3,426,249, equivalent to 18.1% of the total grant amount.

### 4. Distribution of grants

The grants were distributed to 2 organizations (as listed in table 1 below), Sudan Evangelical Mission received a small grant of \$50,000 dollars and MCDI a large grant of 2,676,425 dollars from the OMEGA initiative. MCDI contributed and additional \$1,117,711 dollars making the total funding for Omega activities US\$ 3,794,136 dollars.

**Table 11: OMEGA Funding to Southern Sudan**

Organization - Project name (areas of implementation)	Period	Disbursed funds (USD)**	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
SEM - CBR program (Western Equatorial)	2005/6	50,000	0	Yes	Yes.	Yes	NA
MCDI - Rumbek Rehabilitation Centre (Lakes, Northern and Eastern Bahr el Ghazal, Western Equatorial and Warrap)	2003/9	2,676,425	1,117,711	Yes	Yes	Yes	Yes

\*IR1 – Orthopaedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

### 5. Implementing Partners

Both SEM and MCDI were already involved in work with disabled persons. They are established and have demonstrable capacity to deliver the services to target group. Table 2 below outlines background of the 2 organizations and their focus on Omega funding.

**Table 12: Organizational history and focus for the OMEGA program in Southern Sudan**

SUB GRANTEE	ORGANIZATIONAL HISTORY AND FOCUS FOR THE OMEGA PROGRAM
SEM	The Sudan Evangelical Mission (SEM) established in 1998, is based in Mundri County in Western Equatorial State and has a liaison office in Nairobi Kenya. SEM addresses activities in the area of HIV/AIDS, adult literacy and disability. The focus for the OMEGA program were the disability related programs addressed under the community based rehabilitation strategy.
MCDI	MCDI a division of Medical Care Development Inc; Augusta, Maine was established in 1966. It has been accorded a consultative status with the economic and social council of United Nations. MCDI focuses HIV/AIDS, malaria treatment and control, architectural and engineering. It also addresses programs on orthopedic rehabilitation services, health sector reform, water supply and sanitation and health care financing. MCDI focus for the OMEGA program was providing orthopedic rehabilitation services by establishing Rumbek Rehabilitation Centre to produce orthopedic appliances and train staff to man the centre on top of outreach services and economic reintegration services.

**6. KEY COUNTRY RESULTS / HIGHLIGHTS****IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.**

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

**Key Results / highlights****1. Number of service delivery facilities improved/established**

- The Rumbek Rehabilitation Centre was established and provides orthopaedic services for persons with disabilities in Lake State and the neighbouring states.

**2. Number of assistive / prosthetics / orthotics produced and distributed**

- 450 prosthesis and 247 orthotics were produced and 9 tricycles and 15 wheelchairs were provided to people with disabilities

**3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support**

- 731 people provided with assistive /prosthetics / orthotics support:
  - a. Includes prosthesis, orthotics, wheel chairs and tricycles.

**4. Number of persons with disabilities who received rehabilitation services**

- 13,872 rehabilitative physiotherapy sessions were completed for people with disabilities
- 10 community workers were trained and deployed who provided assistance and increased access to services to persons with disabilities in communities.
- In Southern Sudan 14 Artisans were trained and provided with carpentry tools to make and repair assistive aids using local materials, 521 repairs were made

**IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

**Key Country Results / Highlights**

- **Increasing the voice of and concern for people with disabilities in media and public debate**
  - In Southern Sudan, work focused on training community “advocates”:
    - Eighty (80) community leaders were trained on the issues faced by people with disabilities. Community Rehabilitation Committees (composed of school teachers, health workers, parents of children with disabilities, persons with disabilities and representatives of civil authority) were established in the 7 Payams and are responsible for all matters related to disability within their communities. These committees are still operational in Southern Sudan. Also in Southern Sudan, general awareness raising activities were conducted targeting 300 parents.
- **Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation**
  - In Southern Sudan lobbying around the accessibility of education was conducted by OMEGA sub grantees which secured resources to build accessibility ramps in all new schools built by UNICEF. MCDI also facilitated establishment and strengthening of four Disabled Persons Organizations through lobbying other donors like USAID to support the Sudan Development Relief Agency (SDRA).

**IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

**Key Country Results / Highlights****1. Provision of both informal and internationally recognized and standardized training for individuals and organizations providing services to persons with disabilities.**

- In Southern Sudan OMEGA provided funding for the employment of 3 technical expatriate staff in orthopedic technology and physiotherapy for MCDI. Continuous on-the-job training and assistance in centre supervision was an active component of their work, and has improved the quality of the service as reflected by the various organizations (AAA, UNIMAO and government) that now routinely refer patients to the centre.
- Additionally, 2 staff members from Rumbek Rehabilitation Centre in Southern Sudan were trained to Diploma level in Orthopedic and Physiotherapy at KMCT and TATCOT.
- 14 artisans were trained and provided with carpentry tools to make and repair assistive aids using local materials.
- 17 community based rehabilitation workers received training and 10 were deployed into the communities.

**2. The provision of technical assistance to organizations providing services to persons with disabilities.**

- 3 technical expatriate staff in orthopedic technology and physiotherapy for MCDI were recruited and supported with salaries from Omega funding and provided on the job training.
- 2 staff from Rumbek Rehabilitation Centre in Southern Sudan was trained to Diploma level in Orthopedic and Physiotherapy at KMCT and TATCOT.
- SEM received a variety of on-the-job training during monitoring visits (Financial management, program management, Proposal writing).

**3. Improved service delivery by organizations providing services to persons with disabilities**

- MCID has improved the quality of the service, and various organizations (AAA, UNIMAO and government) that now routinely refer patients to the Rumbek rehabilitation centre.

**4. Changes and/or advances in the technology and facilities used by organizations providing services to persons with disabilities.**

- In Southern Sudan the Rumbek Rehabilitation Centre was provided with 2 vehicles, 2 desk top computers and 1 laptop, which greatly improved the service delivery capacity of the organization.
- OMEGA funding was used to buy 52 bicycles for community based rehabilitation workers;

**IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian VICTIMS OF WAR.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

**Key Results / Highlights****1. Number of persons with disabilities provided with training on income generation**

- In Southern Sudan MCDI provided training on cooking, gardening, bicycle repair and computers to 30 persons with disabilities.

**2. Number of persons trained on income generation engaging in various income generation activities**

- 14 of the 30 persons with disabilities are currently employed in various departments within the Rumbek Rehabilitation center.

**7. STRENGTHS & WEAKNESSES****Notable Strengths**

- Sudan Evangelical Mission (SEM) was provided assistance with proposal writing and reporting procedures extremely useful and has applied these skills to secure funding from donors such as SCIAF and LFW. SEM has managed to secure funding from Scottish Catholic International Agency Fund, TEAR Australia and UK, United Nation Mine Action Office and Christoffel Blinden Mission ensuring that the work that was started by OMEGA will continue.

- During project start up, Pact/VVAF provided MCDI with technical support in designing monitoring and evaluation systems (data management Simplified assessment, treatment and follow up forms, and quality control of services), development of workshop materials, advised on what equipment should be purchased, and designing a phase out plan out. MCDI reported this as critical to their improved performance.
- The Rumbek Rehabilitation Center has put in place key sustainability mechanisms that have seen various stakeholders such as the Ministry of Health, Ministry of Gender and Social Welfare, Ministry of Religious Affairs, and the Ministry of Lake States signing agreements that specify their roles and commitment towards sustaining the center.
- SEM has strengthened collaboration with other partners like UMIMAO and ICR to cover the costs of transportation of mobility aids from East Africa to Southern Sudan to ensure that projects started under OMEGA are continued.
- Use of local materials to manufacture/produce and repair assistive aids (corner seats, walking sticks and crutches) was found to be important.

**Notable Weaknesses**

- Some mechanical Parts for producing prosthetics and wheelchairs such as front wheels for tricycles were not locally available; this made repair and maintenance unaffordable to many.
- Where committees at the community level were established without the participation of persons with disabilities or the parents of children with disabilities the communities were less vibrant than in instances where these individuals were included in the committees.

**8: LESSONS AND RECOMMENDATIONS**

Key Lessons	Recommendations
Capacity, technical and institutional, support for small grants not only ensures that the funded grantee adopts efficient and effective management skills and improved service delivery but also improves relations with other donors and sustainability of the activities implemented.	Future programs providing short term grants should invest in technical/institutional and capacity building support as a key sustainability mechanism for small grants.
Big and long term grants are a good option for ensuring sustainable long-term impact, however, there is need to systematically and strategically plan for this.	<p>Future programs should be very strategic in the close out phase to ensure that the investments are sustained through uptake by the government and other development actors.</p> <p>Proportional funding to facilitate uptake by government or other development actors as a phase out strategy should be explored in future programming.</p>

	<p>Future programs should explore decentralization of certain services such as referral and outreach services for rehabilitation centres as sustainability mechanism.</p> <p>Future programs should also invest resources for networking activities such as coordination meetings with key stakeholders and government line ministries who are likely to take a key role in sustaining activities of the project once the project funding winds up.</p>
<p>Projects with committed and qualified staff are able to provide a quality reliable service which attracts both the beneficiaries and other organizations to the service.</p>	<p>Future programs implemented in countries with inadequate and qualified personnel should explore possibilities and set aside resources for providing technical expertise.</p>
<p>A system for both production and repairing or prosthetics and orthotics appliances is both sustainable and cost effective</p>	<p>Future programs should ensure that both production and maintenance services are addressed, especially in countries where provision for either of the services is limited.</p> <p>Use of locally available resources (material and human) complemented with training of local technical personnel in the various skills in orthopaedic technology should be key considerations in future programs.</p>
<p>Providing technical support in the area of Monitoring, Evaluation and Reporting improves quality control and improved service delivery</p>	<p>Future programs should provide resources for adequate follow-up, and MER capacity building (to develop and implements MER plans).</p>
<p>Structures such as committees, established to address issues of persons with disabilities at the grass root/community level should have a clear mechanism for sustainability</p>	<p>Future programs should have mechanisms that motivate the committee member and volunteers</p> <p>Future programs should provide resources to support implementation of activities or action plans of the local structures to ensure that they are effective in lobbying and advocating for the various issues affecting the persons with disabilities at community level and also for inclusive policy influence.</p>
<p>In countries with limited facilities and infrastructure to address the needs of persons with disabilities , there is need to address diverse needs such a blind and deaf among others</p>	<p>Future programs should be based on a needs assessment and develop objectives that are context specific</p>

Initiatives to support economic integration of persons with disabilities should have a multifaceted approach that provides training as well as provision for start up capital

Future programs that have a key focus on socio-economic integration should address a broad spectrum of business and enterprise development principles (Training, market survey, business development and provision of start up capitals among others.

## OMEGA IN TANZANIA

### 1. Country Context

The situation of persons with disabilities in Tanzania is marked by years of poverty and struggle. Many persons with disabilities increasingly continue to fight the hardships in life to make ends meet. These include low incomes and livelihood, insecurity; poor health, limited access to health care, and education. The government has reviewed the employment legislation in favor of persons with disabilities (Act No. 2 of 1982). Besides providing policy framework the government also provides direct services to persons with disabilities especially support to the education of children with disabilities.

The National Bureau of Statistics in collaboration with the Ministry of Health and Social Welfare conducted a 2008 Disability Survey covering both the mainland and Zanzibar<sup>31</sup>. Tanzania is one of the few African countries that have conducted this survey. The findings show that the trends are similar to international standards (of approximately 10% as found by the WHO) and indicate a prevalence estimate of 7.5%. This figure is probably higher given that communities are not keen to disclose their own disabilities or those of their relatives. This is particularly true in Tanzania where there has been indiscriminate killing of people with albinism which are related to ritual killings.

The government of the Republic of Tanzania signed the **UNCPRD** on 30 March 2007; signed the Optional Protocol on 29 September 2008 and ratified the **UNCPRD on 10 November 2009**<sup>32</sup>.

### 2. The goal of Omega in Tanzania

The overall goal for the Tanzania OMEGA initiative was to improve the quality of life of civilian disabled persons and other persons with disabilities through promotion of their human rights for inclusive development.

### 3. Level of total funding to Tanzania under the Omega initiative

Out of the total OMEGA Initiative contract amount US\$ 13,351,885, Tanzania received total grants amounting to US\$ 18,050, equivalent to 0.14% of the total grant amount. The grant was implemented through Dolased as shown in table 1 below.

**Table 13: OMEGA funding to Tanzania**

Organization - Project name (areas of implementation)	Period	Value of Grant (USD)	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
<b>DOLASED</b> - legal aid services (Tanzania)	1/09/04 – 31/11/05	18,050	0		Yes	Yes.	Yes.

\*IR1 – Orthopedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

<sup>31</sup> The Tanzania Survey on Disability: Methodology and Overview of Results: I.J. Ruyobya [NBS - Tanzania] & M. Schneider [HSRC-SA]

<sup>32</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: Convention and Optional Protocol Signatures and Ratifications

## 5. Implementing Partners

Disabled Organization for Legal Affairs and Social Economic Development (DOLASED) was the only organization which got funding from the OMEGA initiative in Tanzania.

**Table 14: Organizational history and focus for OMEGA program in Tanzania**

SUB GRANTEE	ORGANIZATIONAL HISTORY AND FOCUS FOR THE OMEGA PROGRAM
<b>DOLASED</b>	Disabled Organization for Legal Affairs and Social Economic Development (DOLASED), a cross disability organization, was established in 1998. Its programme activity areas include; awareness creation on disabled persons' legal and human rights issues, economic empowerment of persons with disabilities, Research and documentation and dissemination of information on the status of persons with disabilities and fight for the spread of HIV/AIDS. During the OMEGA initiative DOLASED focused on the establishment of a legal centre to protect the rights of persons with disabilities and promote policy influence.

## 6. COUNTRY RESULTS

### **IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

#### **Key Results**

##### **1. Increasing the voice of and concern for people with disabilities in media and public debate**

In Tanzania, Omega sub-grantee DOLASED is generally acknowledged by all respondents to have raised the profile of disability issues and promoted the protection of the rights of persons with disabilities through the use of both print and electronic media (TV, Radio and newspapers). Using Omega funding DOLASED became one of the first organizations in country to use the media to report on the rights of persons with disabilities.

##### **2. Enhancing the laws and regulatory environment for people with disabilities**

DOLASED was commissioned by the government to draft a new Disabilities Act to be passed before the end of 2010.

DOLASED continues to serve as a key advocate and leader for policy improvements both in Tanzania and globally, for example during Omega they successfully lobbied for:

- a. An issue of a special "Directive" from the Tanzanian Government that called for each District to set aside 3% of its budget to address disability issues.
- b. The inclusion of the provisions on improved education and employment, accessibility to public buildings, and economic empowerment and legal reforms for persons with disabilities in the Chama Cha Mapinduzi Manifesto in 2005;
- c. The ratification of the UN Convention on the Rights of Persons with Disabilities in Tanzania; and

- d. Electoral reform – lobbying the Tanzanian Electro Commission for the development and inclusion of tactile ballot papers during elections in 2005;
- e. DOLASED also represented Tanzania in the development of the UN Convention on the Rights of persons with Disabilities;

Also in Tanzania, OMEGA funding provided salaries of 2 qualified lawyers who established 4 legal aid centers in Dar es Salaam, Dodoma, Mwanza and Tabora and 30 persons with disabilities were trained in legal aid and human rights. Ten others were trained as paralegals with a focus on the issues facing people with disabilities and these individuals then referred 92 people with disabilities to the legal aid centers established. Eleven cases involving persons with disabilities were brought to courts of law and of the balance of cases, 75% were determined out of court by the legal aid centre established and staffed with OMEGA funding. Many of these cases not only highlighted some of the issues faced by persons with disabilities but also directly improved the economic situation of beneficiaries.

### **3. Ensuring that the issues of disabled people are addressed in national plans and strategies and monitoring their implementation.**

Mainstreaming disability into national policies like HIV/AIDS Act and Legislation, National Strategy for Growth and Poverty Reduction popularly known as Mkukuta were accomplished with Omega support. Provisions on improved education and employment, accessibility to public buildings, economic empowerment as well as a call for legal reforms on disability In the CCM manifesto of the ruling party of 2005 were also a focus.

#### **IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.**

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

#### **Key Results**

##### **1. The provision of technical assistance to organizations providing services to persons with disabilities.**

- OMEGA provided technical assistance to help 4 organizations get established and develop their own institutional constitutions (Mkukuta disability network, Sauti Bya Wana Wake Wenye, Mulemavu Masiasi Disabled Network and Muleba Disabled Network).

##### **2. Changes and/or advances in the technology and facilities used by organizations providing services to persons with disabilities.**

- Establishment of a computerized database on the clients that improved follow-up and frequent consultations

**IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

**Key Results****1. Increased access to business and market opportunities for persons with disabilities**

- Disabled Person's Entrepreneurs Association was supported by Omega to acquire a permanent and legally contracted market/business place in Dare salaam City. Now 72 persons with disabilities who are members of the Disabled Person's Entrepreneurs Association who were routinely evicted from their business premises have now been working without disturbances for three years.

**2. Number of persons with disabilities provided with legal support that enhanced social and economic integration in the community**

- (92) persons with disabilities were provided with legal support at legal aid centres; criminal cases (7), legal education on rights and support in accessing loans (37), protection and promotion of children to access to education (13), housing and access to land (2), political support (2), accidents (2), formal employment ( 16) and other cases (13).

**7. STRENGTHS & WEAKNESSES****Notable Strengths**

- **Technical and institutional support:** DOLASED had a prior working relationship with Pact Inc. in Tanzania and already had systems in place. They reported the pre-award training on USAID government procurement regulations, grant management procedures, financial reporting and monitoring of the grant exceptionally useful. DOLASED was also assisted in establishment of a computerized data management and electronic communications system. This technical advice promoted frequent and regular communication on the project with regular clarifications, and follow up on unclear issues, leading to efficient service delivery. The database on the clients and frequent consultations further improved DOLASED'S performance.
- **Funding within the organization's mission and activities** - Although DOLASED had always wanted to open a legal aid centre; they lacked the required funds and capacity, which the OMEGA funding facilitated. The organization with the support from the OMEGA initiative was able to establish a legal aid centre and 92 persons with disabilities were provided with legal aid support on top of influencing policy. This was one of the key factors that contributed to the success of the project.
- **Providing free legal aid services to persons with disabilities who cannot afford to pay for the service** the free legal aid services provided by DOLASED addressed varied needs of persons with disabilities. This support empowered and sensitized persons with disabilities on their rights which promoted social inclusion.

- **Influencing inclusive policies through a legal aid centre-** The legal aid centre was able to lobby agencies like government to provide inclusive policies; through advising government to include persons with disabilities in major poverty eradication initiatives.
- **The need** - There was no service at the inception of the centre to address and sensitize persons with disabilities about their rights and also provide legal protection. The legal aid centre was established at an opportune time, even when the quality of the service went down, persons with disabilities still looked for the service.

**Notable Weaknesses**

- **Sustainability-** Although the project did not end, the quality and vibrancy of the service decreased when the lawyers left the organization, DOLASED did not have an immediate donor to take on the salaries of the staff after the one year support.
- **Addressing beneficiaries at all levels** - Persons with disabilities at the village level were not addressed. One beneficiary pointed out that the persons with disabilities in the villages were not reached as the grant was for a short period and did not reach beneficiaries beyond Dar es Salaam.
- **Awareness on legal procedures** – A good majority of persons with disabilities were not well conversant with court proceedings, they tended to contact DOLASED for legal aid when it was too late, making it difficult for DOLASED to win some cases.

**8. Country Specific Lessons & Country Specific Recommendations**

Key Lessons	Recommendations
Effective functioning of the legal aid centers is highly dependent on donor funding to pay the salaries of qualified lawyers. Sustaining the salary of key project staff can be a big challenge for projects that run for a short time (as short as 1 year).	Future programs should ensure that sustainability mechanisms critical to staffing and remuneration of key project staff are built in both at project inception and closeout. This consideration is critical for sustaining both activities of the project and envisaged impacts.
Targeting Persons with disabilities at the grass roots /village level is important	Future programs should consider incorporating needs assessments to highlight the needs of persons with disabilities at different levels as well as realistic options to address the needs.
Sensitizing persons with disabilities on court procedures to avoid cases being thrown out on technical ground is key.	A component of awareness rising on court procedures for persons with disabilities should be included in future interventions.  In the future, Legal aid services should have targeted activities to address awareness creation
Targeting the right organizations/in terms of power and influence will maximize achievements in the area of policy influence, awareness raising and human rights protection	Future programs should carryout institutional mapping to select the relevant and most appropriate grantees to work with.  Profiling the grantees to ascertain their key achievement in the area of advocacy, policy and human rights will also be important

Capacity building in granting procedures management and clear guidelines are key ingredients to accomplishing the planned activities, in a transparent manner.	Future programs should consider allocating resources in terms of time, money and human resource to assessing the capacity of the grantee organizations as well as strengthening their capacity to manage the grant.
Although persons with disabilities have a lot of legal needs the majority cannot afford these services; and thus provision of a free service especially provided by fellow persons with disabilities is critical	Future programs should anticipate the long term need for having affordable legal services to persons with disabilities  The importance of providing support through legal aid centers and NGOs to influence National Policy to address the legal needs of persons with disabilities should be factored in future programs
The need - when a service is created to address a gap in service delivery it is usually successful	Future programs intending to improve service delivery should ensure that proposals address an important service delivery gap.

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## OMEGA IN UGANDA<sup>33</sup>

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### 1. Country Context

Compared to the other countries in the OMEGA initiative Uganda has the unique perspective of having a very strong disability movement characterized by a legal framework and established organizations of persons with disabilities.

Uganda has demonstrated its commitment to the promotion and protection of the rights of persons with disabilities through the adoption and implementation of national and international policies and legal instruments that concern persons with disabilities:

The 1995 Constitution of Uganda recognized the rights of persons with disabilities for non discrimination on the basis of disability and the right of persons with disabilities (respect and human dignity). In addition the Parliamentary Election Statute of 1996 provides for five representatives of persons with disabilities in Parliament, at least one of whom should be a woman (and the use of sign language when applicable should be allowed) and these members of Parliament have contributed greatly in protecting the rights of persons with disabilities in Uganda.

Furthermore, the Local Government Act of 1997 provided for the representation of person with disabilities (female and male) at all local government levels. To date over 47,000 persons with disabilities are engaged in political decision making up to the village level and the Uganda Communications Act of 1997 provides for the development of techniques and technologies that facilitate accessibility to communication services by persons with disabilities.

The Uganda Road Traffic and Road safety Act of 1998 stipulates that persons with disabilities shall not be denied driving permits on the basis of their disability. Similarly, the Persons with Disabilities Act of 2003, prohibits discrimination of persons with disabilities in employment either in job application, procedures, hiring, promotion, employee compensation, job training or other terms, conditions and privileges in employment. The Act also promotes the rights of persons with disabilities in education, health and accessibility to various services. The government has established a Ministerial position for Disability and Elderly Affairs which provides a link for persons with disabilities to other line ministries for mainstreaming disability issues and policies in their respective ministries. The National Disability Policy (2006) addressed social, political and economic needs of persons with disabilities. The policy is designed to guide decision makers, planners and implementers of government, private sector and NGOs initiatives focusing on the protection and promotion of the rights of persons with disabilities.

Uganda signed the UN Convention on the Rights of Persons with Disabilities (UNCRPD) on 30 March 2007; signed the Optional Protocol on 29 September 2008; ratified the UN Convention on 10 November 2009 and ratified the Optional Protocol on 10 November 2009. During the negotiations for the UNCRPD held at the UN headquarters in New York, Uganda participated very effectively for the duration of the development of the UNCRPD and in the negotiation process<sup>34</sup>.

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<sup>33</sup> The evaluation of OMEGA in Uganda was conducted separately from the evaluations of other countries. Findings are therefore presented somewhat differently in this report.

<sup>34</sup> Website: <http://www.un.org/disabilities/convention/conventionfull.shtml>: Convention and Optional Protocol Signatures and Ratifications

## 2. The goal of Omega in Uganda

The overall goal for the Uganda OMEGA initiative was to empower disabled persons' organizations to deliver quality services to civilian disabled persons and other persons with disabilities in the area of physical rehabilitation, policy influence and social re-integration.

## 3. Level of total funding to the country under the Omega initiative

Uganda received grant funding amounting to US\$1,101,063, equivalent to 8.25% of the total amount of grant funds available under the Omega Initiative.

## 4. Distribution of grants

The grants were distributed to 26 organizations as listed in Table 1 below.

**Table 15: OMEGA Funding in Uganda**

Organization - Project name (areas of implementation)	Period	Disbursed funds (USD)**	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
*Uganda National Association of the Deaf (UNAD).	5-Mar-07/28-Feb-08	\$42 603	0	No.	Yes.	Yes	No.
Ogoro Mita Akonya Disabled Group	23-Mar-07/23-Oct-07	\$5 223	0	Yes.	No	Yes	No
*Lira Deaf Association	2-Apr-07/31-Mar-08	\$41 695	0	No.	Yes.	Yes.	No
Community Based Rehabilitation Alliance (COMBRA)	6-Apr-07/31-Mar-08	\$25 431	0	Yes	No	Yes	No
Gulu Youth Development Association (GYDA)	23-Apr-07/23-Dec-07	\$48 234	0	Yes	No.	Yes.	No.
Lira District Council for Disability (DCD)	1-May-07/31-May-08	\$39 065	0	No.	Yes.	Yes.	No.
Lira Umbrella Parents Support Organization (LUPSO)	3-May-07/30-Jun-08	\$25 858	0	Yes.	No.	Yes.	Yes.
Uganda National Paralympics Committee (UNPC)	14-May-07/14-Jun-07	\$11 886	0	No.	Yes.	Yes.	No.
AGAM Development Association	21-May-07/21-May-08	\$16 130	0	Yes.	No.	Yes.	No.
Community Based Service Department, Lira District Local Government (CDO)	21-May-07/20-Jun-07	\$2 372	0	No	Yes.	Yes.	No.
Uganda Society for Disabled Children (USDC).	23-May-07/30-Jun-08	\$49 650	0	Yes.	No.	Yes.	No.
Lira District Union of Persons with Disabilities (LDUPD)	29-May-07/30-Apr-08	\$36 822	0	No.	No.	Yes.	No.
Lions Aid Norway (LAN)	1-Jun-07/30-Jun-08	\$49 986	0	Yes.	No.	Yes.	No.
Spinal Injuries Association Uganda (SIA)	1-Jun-07/31-May-08	\$47 403	0	Yes.	No.	Yes.	No.
Kibera Community Youth Program (KCYP)	19-Jun-07/31-May-08	\$27 001	0	No.	No.	Yes.	Yes.

Organization - Project name (areas of implementation)	Period	Disbursed funds (USD)**	Own Contrib. (USD)	Objectives of OMEGA program targeted by sub grantees*			
				IR1	IR2	IR3	IR4
Rural Disabled Persons Organization Lira (RUDIPOL)	1-Jul-07/30-Jun-08	\$26 149	0	No.	No.	Yes.	Yes.
Daniel Comboni Disabled Training Center (DACODPE)	1-Jul-07/30-Apr-08	\$9 917	0	No.	No	Yes	Yes
Lira Multi-purpose Center for the Blind (LMPCB)	2-Jul-07/30-Apr-08	\$11 006	0	Yes.	No	Yes.	No.
Tamu Pirwa Disabled Association (TPDA)	11-Jul-07/31-Mar-08	\$2 090	0	Yes.	No.	Yes.	No.
Lira District Disabled Women's Association (LDDWA)	17-Jul-07/30-Jun-08.	\$29 767	0	No.	No.	Yes.	Yes.
Young Christian Community Development Agency (UYCCDA)	23-Jul-07-30-Jun-08	\$41 965	0	Yes.	No.	Yes.	No.
Christian Support to Landmine Survivors (CSLS)	1-Aug-07/31-Dec-07	\$2 064	0	No.	No.	Yes.	No.
Adekokwok Sub County Disable Association (ASDA)	15-Aug-07/30-Jun-08	\$21 786	0	No.	No	Yes.	Yes.
Collaborative Efforts to Alleviate Social Problems (CEASOP)	1-Sep-07/31-Dec-07	\$9 932	0	No.	Yes.	Yes.	No.
Landmine Survivors Support Organization (LASSO)	20-Oct-07/20-Feb-08	\$5 630	0	No	No	Yes.	No.
Lira District Peer Committee (LDPC)	1-Mar-08/12-Aug-09	\$53 282	0	No.	Yes.	Yes.	No

\*IR1 – Orthopaedic and Rehabilitation Services, IR2 – Improved Policy Environment, IR3 – Improved Institutional Capacity, IR4 – Economic and Social Reintegration.

\*\* Data reported in this table comes from the Pact Inc. Grants matrix provided to the evaluation team and reflects actual disbursements rather than contract value.

### 5. Implementing Partners.

26 disabled persons organizations or civil society organizations working to improve the quality of life of persons with disabilities were supported. Lira District Local Government was also key partner in overall implementation and coordination of Omega within the district. Lira district is one of the older districts in Uganda and is located in Northern Uganda. Through the decentralization process, Lira District was charged with the responsibility of managing all development activities in the district. This ranged from agriculture and production, health, education, cooperatives and trade, disability and older persons affairs, youth and children programs among others. The community based service unit, managed by a senior community development officer oversees disability programs in the district.

## 6. Country Results / Highlights

### **IR1: Physical rehabilitation: Increased use of appropriate orthopedic and rehabilitation services.**

One of the objectives of the Omega program was to increase the use of appropriate orthopedic and rehabilitation services. This result addressed the need for increasing availability of, and accessibility to, essential rehabilitation services for the targeted beneficiaries.

The original program design planned to attain this goal through increasing the number of individuals who (1) are seen and referred by community workers, (2) who receive quality orthopedic and rehabilitation services and (3) who return for refitting and replacement and (4) improving orthopedic and rehabilitation facilities.

#### **Key Results**

##### **1. Number of orthopedic and rehabilitative established and or improved**

- 1 facility established:
  - A workshop for metal fabrication, maintenance and production for wheel chairs, tricycles and other appliances was established in Gulu.

##### **2. Number of assistive /prosthetics / orthotics produced and distributed**

- 266 wheel chairs and tricycles were produced and delivered to beneficiaries

##### **3. Number of persons with disabilities provided with assistive /prosthetics / orthotics support**

- More than 1,800 people provided with assistive /prosthetics / orthotics support:
  - 143 children benefited from orthopaedic and plastic surgery, 1,134 cataract patients were operated and all of them regained sight, 131 children with visual impairment were treated and fitted with spectacles, 161 persons with visual impairment received white canes.

### **IR2: Improved policy environment: Improved policy environment for disabled people and civilian victims of war.**

One of the objectives of Omega was to improve the policy environment for disabled people and civilian victims of war. This result focused on including improvements both in the broad policy environment in which resources are committed to address issues related to people with disabilities and in the technical quality of those policies, so that the resources committed have the greatest impact on the lives of people with disabilities.

Omega sought to address this objective by (1) increasing the voice of and concern for people with disabilities in media and public debate, (2) enhancing the laws and regulatory environment for people with disabilities and (3) ensuring that the issues of disabled people were addressed in national plans and strategies and monitoring their implementation.

## Key results

### 1. Increasing the voice of and concern for people with disabilities in media and public debate

- Awareness rising focused on the Disabilities Act and the formation of 14 Sub-County Councils in Lira District, additionally 30,000 posters were printed and 55 individuals were trained. This immediately resulted in support for the building of ramps for person with disabilities and improvement in legal rights—for example, the Sub-County Councils brought several cases of abuse to the attention of local authorities (grabbing of land belonging to persons with disabilities and the use of abusive language towards persons with disabilities; and the rights of over 3000 persons with disabilities (blind persons, deaf persons, physically impaired persons) in the District were highlighted .

### 2. Ensuring that the issues of disabled people are addressed in national plans and strategies and Monitoring their implementation.

- Through Funding from OMEGA, Lira District Local Government carried out a baseline survey/needs assessment on persons with disabilities in the district. The Baseline data has been used to lobby for budget provisions on disability for persons with disabilities at the sub county level. Some of the DPOs have used the information in proposal writing and got support from other donors. Community Based Rehabilitation Alliance got funding for Lira district CBR activities from Deaf Child.

### IR3: Improved institutional capacity: Improved institutional capacity to deliver quality services.

A key objective for the Omega program was improved institutional capacity to deliver quality services. This result, focused on increasing the quality of orthopedic services delivered, thus improving the accessibility, production and use of suitable/appropriate designed mobility devices for persons with disabilities.

This was to be achieved through (1) changes and/or advances in the technology and facilities used, (2) the provision of both informal and internationally recognized and standardized training and (3) a variety of technical assistance and institutional capacity enhancements designed to improve the levels of service received by persons with disabilities.

## Key Results

### 1. The provision of technical assistance to organizations providing services to persons with disabilities.

Most institutions reported that the number of persons with disabilities they have been able to serve increased as a result of the institutional capacity services they were provided under Omega, and many respondents noted a marked increase in the efficiency of rehabilitation centers:

- Support to sub grantees from OMEGA included support of staff salaries, improving performance in delivery of services as well as training in financial tracking, governance, and constitutional development based on the identified needs.
  - 7 organizations were provided with technical support to review and develop constitutions for their organizations.
  - 15 organizations were trained on financial management.
  - All the 26 organizations were supported to develop implementation/action plans and develop monitoring tools.
  - Grantees that had problems developing proposals were provided with training and support in proposal writing.
  - Grantees involved in distribution of wheel chairs were provided with technical support for wheel chair assessment.

- The office of community based services was provided with internet services as the lead government agency in providing monitoring support to projects.
- Some organizations like, Land Mine Survivors Organization, Uganda Young Christian Community Development Association and Rural Disabled Persons Organization of Lira, were provided with motorcycles, computers, furniture, and stationary to support them in the day to day running of their activities.
- All organizations were provided with salaries of the key staff in executing the OMEGA initiative project activities. This greatly improved their performance as most of them had staff working on a voluntary basis.

**IR4: Social and economic reintegration: Increased social and economic reintegration of disabled people and civilian victims of war.**

This result focused on creating conditions and mechanisms that assist persons with disabilities to participate and contribute as productive members of society in both a local and global context.

The focus of sub grantees in this area was on (1) training of people with disabilities in income generation activities, (2) the provision of micro loans to people with disabilities/the families of children with disabilities, (3) reintegration of people with disabilities through sport and (4) increasing target group enrolment in formal and non-formal education.

**Key Results**

**1. Number of persons with disability who benefited from targeted training on income generation**

- 195 people benefited from targeted training on income generation
  - 20 persons with disabilities in Lira district were trained to assemble small solar panels for phone and radio charging in communities as an income generation activity.
  - 175 persons with disability were trained on pig rearing as an income generation activity.

**2. Provision of micro loans and business opportunities to persons with disabilities/the families of children with disabilities.**

- A restaurant managed by Lira the District Disabled Women's Association (LDDWA) was built and equipped. Profits from the restaurant have been used to buy 30 goats which have been to women with disabilities on a revolving loan basis.
- 104 sun ovens were provided to persons with disabilities

**3. Number of persons trained on community based rehabilitation of persons with disabilities**

- 10 parents were trained in a four months community based rehabilitation course
- 60 parents were trained for 5 days in production of assistive aids.

**4. Reintegration/Rehabilitation of persons with disabilities through sport**

- 4 basketball exhibition matches for persons with disabilities were held and a Basket ball court at the Lira district union offices was built.

## **7. Strengths and weaknesses**

### **Notable Strengths**

- Omega funding to the district council for disabilities was useful in supplementing government's efforts to implement the disabilities act as well as address issues affecting person with disability within the District. Government had established four disability councils and Omega funding supported establishment of additional 15 councils.
- Majority of the grantees who applied for the grant had limited technical/institutional capacity to implement the grant. To address this limitation, Pact provided a wide range of technical support to the grantees which went a long way to improve their performance and service delivery to the PWDs. Some grantees that had problems developing and writing proposals were provided with this support and wrote proposal that were awarded grants through Omega and other donors.
- Organisations such as LASSO (Landmine Survivors Support Organization) were provided with support to review and develop their constitutions which increased their membership
- Supporting profitable ventures in income generation such as the restaurant run by the Lira District Disabled Women's Association was both profitable and sustainable.
- Having project technical staff at the ground/community level made management of the grant (timely disbursements, managing risks, follow-up support ) efficient
- Grants awarded to support activities that were already stipulated in the organizations strategic plans tended to be successful. Training of Community Based Rehabilitation was a core and ongoing activity of Community Based Rehabilitation Alliance activities, this activity recorded a great success.
- Organizations with experienced professionals and medical facilities such as Lions Aid Norway (LAN) recorded a great success and also provided quality services. LAN performed 1134 cataract operations and all of those operated regained sight.
- Working with the National Agricultural Advisory Services (NAADS) was useful in providing extension services to person with disability who adopted piggery project as an income generation project.

### **Notable Weaknesses**

- Governance, transparency and accountability issues amongst the DPOs and other CSOs supported by the grant were a major challenge to implementation of the project. DPOs implementing activities on a voluntary basis compromised transparency and accountability of the organizations. There were cases where the treasurer of the board was also the implementer and at the same time, the custodian of the funds. In another instance it was difficult to identify whether the bicycles provided through the grants were being used by the volunteers or the board members.
- Durability of the assistive aids and maintenance of the wheel chairs was a challenge, some wheel chairs and white canes broke down during delivery .The maintenance workshop did provide the envisaged service, the technicians were trained but had no salary. Other maintenance outlets provided at sub county level were far from the beneficiaries.
- The project provided salaries to key staff implementing activities under the Omega funding. However, it will be a big challenge to sustain the salaried workers whose salary was being paid from the project.
- Many beneficiaries reported that training on management of income generation activities was too short and did not effectively impart skills that would enable them effectively and efficiently run their businesses. Some of the microenterprises did not incorporate business plans.

**8. Key Lessons & Recommendations**

<b>Key Lessons</b>	<b>Recommendations</b>
<p>Large scale Profit making investments/business such as restaurants can have sustainable impact in improving the quality of life persons with disabilities.</p>	<p>Future programs should carry out extensive feasibility studies to determine the viability and profitability of investments adopted as income generation activates This should be supported with skills in managing the projects.</p>
<p>Organizations with decentralized structures and representation up-to village and parish level can improve service delivery of Disabled Peoples organizations (DPOs) a</p>	<p>Future programs implementing in areas where the government has established decentralised/ devolved the governing structures should use this as an opportunity to supplement various government initiatives , to support implementation of district development plans and also to reach communities at the grass root level/as far as the parish and village level.</p> <p>Future programs working at the community level should coordinate their activities with the local government. This may mean putting in place a budget to support various coordination activities.</p>
<p>When organizations are funded to implement activities already outlined in their strategic plans or within their current implementation plan they perform better.</p>	<p>Future programs should anticipate the need to have a participatory review of the organizations before awarding the grants, this takes time and flexibility in aligning the activities to be funded.</p>
<p>Production of assistive aids should also address maintenance and repair.</p>	<p>Future programs that want to fund activities related to production of assistive aids should anticipate the demands for maintenance and repair and include this in resource allocation as well as implement appropriate activates to address the needs.</p>
<p>Governance, transparency and accountability issues among DPOs and CSOs who deploy staff on a voluntary basis can be a major challenge to effective and efficient implementation of donor funded projects</p>	<p>Future programs that have inadequate resources to recruit and pay salaries for qualified staff should ensure that Clear lines of authority and job descriptions are developed for volunteer staff. This calls for the need to draw a line between the secretariat and the board roles.</p> <p>Future programs should support establishment of a coordination unit for the DPOs. The Union of Disabled Persons at district level (which in most cases is established in a participatory manner) can serve as a coordination unit. The Union’s responsibilities can include ensuring accountability and transparency among members DPOs. Providing resources (budget and skills) can go a long way in sustaining and strengthening the coordination units.</p>

<p>With funding and technical support, Disabled Peoples Organization (DPOs) can champion their cause and create an enabling environment for improved service delivery for persons with disabilities.</p>	<p>Future funding should strive to empower persons with disabilities through their DPOs. Technical and financial support should be inclined towards empowering DPOs at all levels to monitor and manage their projects especially within their strategic plan framework.</p>
<p>Countries where the government has established a national policy on disability and guidelines on implementation as well as ratified the UN convention on the Rights of PWDs provide a great opportunity to improving the quality of life of persons with disabilities.</p>	<p>Future programs should anticipate the critical role played by the government in ensuring the success of disability projects. With this in mind, funding should go to lobbying and advocacy activities of DPOs and CSOs to ensure that the government is accountable to its people through the promotion of the implementation of the UN Convention on the Rights of PWDs.</p> <p>Future programs should support the government, to ensure that the district level plans are mainstreamed into all government department activities.</p> <p>Future initiatives should be in line with global and national policy standards. Strengthening of disability activities by the DPOs and government's role in monitoring of the project and funding should be explored.</p>



**2.4 OVERALL REVIEW / EVALUATION FINDINGS ON  
IMPLEMENTATION APPROACH**

## 2.4 Overall Review / Evaluation Findings on Implementation Approach

There were four (4) components to the OMEGA Initiative that framed the overall implementation approach in achieving the objectives, these were: 1) Use of a Model Project; 2) Regional Sub-Grant Mechanism; 3) Provision of Technical Support; 4) Regional Program Management.

### 2.4.1 EVALUATION FINDINGS ON *USE OF A MODEL PROJECT*

The original design of OMEGA included replication of a model program to other country settings. The idea being to replicate the program (as a whole or in part) to demonstrate that it was (1) possible have a significant positive impact on the lives of persons with disabilities and (2) demonstrate that a multifaceted approach is required to have quality impact.

The model project was the *Rehabilitation Center in Dessie Ethiopia* which drew upon VVAF's service delivery skills in physical rehabilitation and Pact's developmental approach with a focus on local leadership and sustainable solutions for and with persons with disabilities.

More specifically, VVAF provided technical skill delivery support to the Center in Dessie which provided physical therapy services, and to a satellite workshop in Bahir Dar which produced mobility aids. While Pact focused on three key areas to enhance the quality of life of persons with disabilities: Working with microfinance institutions (MFIs) to help persons with disabilities access these opportunities: Expansion of access to basic services including education, health, employment and agriculture; and, Strengthening of advocacy initiatives and capacities of disabled persons organizations in Ethiopia.

### Overall Findings

The evaluators did feel that Omega Initiative used what was learned in the model program and used this as a service delivery model (where relevant) to improve the overall quality of life of persons with disabilities. Evaluators felt there was sufficient evidence to indicate that: 1) it is possible have a significant positive impact on the lives of persons with disabilities and (2) a multifaceted approach is critical to have quality impact.

However although the big picture goals of the model were met the continued implementation in Ethiopia of the "model" was notably difficult. While the design of having VVAF providing technical support in physical rehab/prosthesis/orthosis and Pact Ethiopia providing capacity building support and socio-economic integration was a good idea; in reality the partnership between VVAF and Pact Ethiopia did not work smoothly due to challenges related to internal operations/management, lack of clear communication and feedback mechanisms, unclear decision making procedures and personal interest among others had a negative impact on the program.

Delayed start up of activities as well as the abrupt departure of VVAF accompanied by change of management after and during implementation of the grant period greatly challenged continuity of the project. VVAF wound its activities before the stipulated time, leaving core aspects of the program pending.

While the end of project evaluation and handover discussions held between VVAF and the Government of Ethiopia (Bureau of labor and social; services -BOLSA) facilitated drafting of an agreement that saw USAID, the Government (BOLSA) and ICRC continue with the planned activities, future programs working with partnerships should be guided by a clearer partnership strategy that outlines the terms of engagement for each partner, memorandum of understanding, decision making and reporting protocols communication and feedback mechanisms among others.

## 2.4.2. EVALUATION Findings on Omega Grant Making and Management

The OMEGA Initiative was based on the premise that local organizations are critical in implementing a truly multifaceted approach to the numerous issues that impact on the lives of people with disabilities. To that end the Omega Initiative was designed specifically to include a sub-grant making mechanism to fund local organizations working on the disability sector in each country of operation.

The original OMEGA program anticipated the award of approximately five large grant awards. However, the need for small grants was identified early in the program by the technical assistants as a result of findings from country assessments that were being conducted prior to awarding large grants. These assessments highlighted the number of Disabled Persons Organizations that did not qualify to apply for the large grants and had insufficient capacity and systems in place to manage large grants. It was however apparent that these small organizations were operating in the disability arena with astonishing results.

### Key Results

During the life of the program the OMEGA Initiative made a total of 87 sub-grants with a cumulative value of \$ 11,090,951.

Ethiopia and Sudan received the highest value in grants with \$2,999,327 and \$2,426,429 respectively, while Uganda had the most grant activity (52 grants - \$1, 101, and 410) and Tanzania received the smallest value in grants with a value of \$ 18,050.

There were 9 large *grants* with an average value of \$1,008,519 and 78 were *small grants* with an average value of \$ 22,827.

**Ethiopia and Sudan received the highest value in grants with \$2,999,327 and \$2,426,429 respectively, while Uganda had the most grant activity (52 grants - \$1, 101,410)**

### Grant administration

Grant administration was by design regionally based (thus in most countries there were no full time administrative or technical support personnel in country).

#### LARGE GRANTS

Two solicitations were made for large grant opportunities. In January 2002 Pact issued an Annual Program Statement (APS), and in March 2002 a Request for Applications (RFA) specific to Sierra Leone. These resulted in the award of grants to HI – Belgium, Cause Canada, HI – France and MCDI.

A Technical Review Committee (TRC) processed, reviewed and provided feedback on proposals received by the OMEGA Initiative. The TRC had 7 members (2 TAs, 1 Grants Manager, 1 CTO, 1 Omega Coordinator, 1 Pact Regional Director-Africa, 1 LWVF representative).

There were three formal review meetings held in Nairobi with LWVF consultation provided by email:

- 15 May 18 2002 (8 proposals reviewed and follow-up review on June 18)
- 23 October 2002 (9 proposals reviewed and a follow-up review on December 16)
- 18 March 2003 (7 proposals reviewed and this was the last review for large grants)

IPVRC responded to the APS and was awarded the grant subsequent to the technical review process, following extensive collaboration with the Pact Kenya grants team and with the support of USAID and the LWVF.

The large grants to APDK were made following their success with an initial small grant of US\$ 49,729 provided on 02 Feb 04, and were based on their prior applications for a large grant and a relationship that developed between Pact Kenya and APDK as a result of both the small grant process and their ongoing collaboration on the large grant applications. These three large grants were not subject to the full review process described above, but received approval from Pact Inc., USAID and LWVF.

### **SMALL GRANTS**

#### *Pact Kenya Small Grant Process*

The process for the award of small grants was started by holding stakeholder meetings in target countries at which some advocacy around disability issues was conducted and the Small Grants Guidelines were explained and distributed with templates for completion by prospective sub grantees.

Target countries were selected based on the already conducted country assessments and the pre-existing large grant awards that already required travel and TA visits so as not to incrementally increase costs associated with small sub grantee management and support.

The following stakeholder meetings were conducted:

- 5 August 2003 – Sierra Leone – National Rehabilitation Committee (16 people 12 organizations);
- 29 August 2003 – Kenya – Nairobi meeting of 20 people and 16 organizations;
- 19 September 2003 – Congo – Kinshasa meeting of 18 people and 15 organizations;
- 6 November 2003 – Sudan – meeting was held in Nairobi for Sudanese groups (13 people from 10 orgs);
- 22 March 2004 – Ethiopia – Addis Ababa meeting of 28 people from 23 organizations.

The TRC also held review meetings for small grant applications; there were four formal review meetings:

- 30 October 2003 – 13 applications were reviewed (5 re-submissions reviewed on December 4, 2003)
- 6 January 2004 – 22 applications were reviewed
- 4 March 2004 – 12 applications were reviewed
- 11 May 2004 – 20 applications were reviewed – this was a final small grants review for the Kenya office.

There were 7 small grants made between 1 Sept 04 and 15 Mar 08 with a total value of US\$ 281,293 that appear to have not been subject to the TRC process if the last meeting of that body was on 11 May 04.

#### *Small Grants from the Pact Inc in Uganda*

A pilot project under the Omega Initiative was started in Northern Uganda in June 2005. The project was staffed by one Disability Advisor directly hired by Pact Inc., based in Gulu District, Northern Uganda. The original mandate was a 15-month project focused on Gulu District with \$400,000 available for small grant funds. This mandate was extended to Lira District with an additional \$700,000 in small grant funds through July 2009.

For each district, an introduction meeting was held to provide the objectives of the program and provide the Small Grants Guidelines. In Gulu the meeting took place on 8 June 2005 and in Lira on 5 December 2006.

Sub-grants were awarded based on the following criteria without the benefit of a technical review committee<sup>35</sup>:

- Project fits with Lira District Development Plan;
- Project fits with Lira project objectives
- Project addresses needs identified by stakeholders;
- Project benefits persons with disability in Lira District;
- Budget is clear and realistic for achieving program results;
- Applying organization has the capacity to manage the proposed project; and,
- Project is innovative, does not duplicate other efforts, and can demonstrate measurable impact.

*Small Grants from the Pact Inc in Ethiopia*

Pact Ethiopia had previously worked with most of the organizations it funded, prior to the omega funding. Together with VVAF, Pact Ethiopia conducted stakeholder meetings/workshops in different parts of Ethiopia, including Addis Ababa and Bahar Dar. These stakeholder meetings serve as sensitizations forums as well as entry point for the Omega program. Through the stakeholder meetings, it became clear that there was need to do a baseline survey to find out more information about the disability situation in Ethiopia. A baseline was carried out before intervention of the program.

A selection procedure was developed based on the Pact Ethiopia’s operations and the findings from the stakeholder meetings. The selection criteria included capacity to manage funds, technical capacity to implement the activity and staff composition, amongst other things. Using this criteria, Pact Ethiopia selected organizations, for example Cheshire Services, which has over 40 years working with disability in Ethiopia was selected based on its experience and capability to handle disability issues.

**Table 16: Small Grants made by the OMEGA Program**

GRANTEE NAME	COUNTRY	START DATE	END DATE	TOTAL AMOUNT
Red Cross - Kilembe Lembe	Congo	1-Jun-04	31-May-05	\$18 676
Caritas Diocese of Brazzaville	Congo	28-Jun-04	30-Sep-04	\$2 000
Caritas Diocesan de Brazzaville (2)	Congo	1-Sep-05	1-Aug-06	\$38 223
Cheshire Services Ethiopia	Ethiopia	1-Sep-04	31-Aug-05	\$40 896
Voluntary Services Overseas	Ethiopia	1-Mar-05	30-Jun-06	\$38 417
Grace Baptist Church Development Program	Ethiopia	1-8-2004	31-7-2005	\$14 930
Agency for the Assistance of Refugees Displaced	Ethiopia	1-8-2004	31-7-2005	\$14 868
Amhara Development Association/econ.	Ethiopia	1-8-2004	31-7-2005	\$14 954
Cheshire Foundation Ethiopia Advocacy & Dessie	Ethiopia	1-8-2004	31-7-2005	\$9 643
Cheshire Foundation Ethiopia Advocacy Dessie	Ethiopia	1-8-2004	31-7-2007	\$4 939
Cheshire Foundation IRRP in Ergot victims	Ethiopia	1-5-2005	31-12-2005	\$14 930
Assefa Bersofekad (Baseline Survey)	Ethiopia	30-5-2005	30-9-2005	\$13 853
Gulu Lion's Club	Gulu, Uganda	15-Jul-05	15-Jun-06	\$44 287
Gulu District Rehabilitation Office	Gulu, Uganda	15-Jul-05	31-Oct-05	\$10 990
Gulu Association of the Deaf	Gulu, Uganda	22-Jul-05	22-Feb-06	\$25 825
Gulu Uganda Society for Disabled Children	Gulu, Uganda	1-Sep-05	18-May-07	\$49 998
Gulu - Landmine Survivors' Group	Gulu, Uganda	1-Sep-05	31-Jul-06	\$13 683

<sup>35</sup> Report on the Small Grants Programme Experience, Gulu/Lira Disability pilot Projects, Northern Uganda, 06/05 – 08/08

**OMEGA INITIATIVE: CLOSE OUT REPORT**

<b>GRANTEE NAME</b>	<b>COUNTRY</b>	<b>START DATE</b>	<b>END DATE</b>	<b>TOTAL AMOUNT</b>
Gulu - Little Sisters of Mary Immaculate Center for Children with Disabilities	Gulu, Uganda	1-Sep-05	17-Apr-06	\$14 162
Moonlight Care (MOLICA)	Gulu, Uganda	15-Sep-05	15-Jun-06	\$24 689
Gulu - Lacan Bene Dano Disabled Group	Gulu, Uganda	23-Sep-05	23-Oct-05	\$1 781
Gulu - Konye Keni Disabled Group	Gulu, Uganda	1-Oct-05	31-Jul-06	\$7 097
Gulu - Lucania Okot Okech (LOO) Foundation	Gulu, Uganda	1-Oct-05	15-Sep-06	\$11 984
Pabbo Orphans Support Organization (PAOSO)	Gulu, Uganda	1-Nov-05	7-Mar-06	\$6 415
Omoro Disabled Education Initiative (ODEI)	Gulu, Uganda	1-Nov-05	15-Aug-06	\$9 563
Gulu Disabled Persons Organization (GDPU)	Gulu, Uganda	1-Nov-05	15-Aug-06	\$12 205
Oscar Disabled Group	Gulu, Uganda	1-Nov-05	31-Jul-06	\$12 493
Gulu Women with Disability Organization	Gulu, Uganda	4-Nov-05	19-Jul-06	\$7 480
Gulu Youth Development Association (GYDA)	Gulu, Uganda	7-Nov-05	27-Mar-07	\$49 810
KICA Disabled group	Gulu, Uganda	16-Dec-05	30-Aug-06	\$10 099
UNAD	Gulu, Uganda	1-Jan-06	30-Aug-06	\$39 911
District Disability Council-Gulu (DDC)	Gulu, Uganda	12-Apr-06	15-Aug-06	\$4 559
Gulu - Little Sisters of Mary Immaculate Center for Children with Disabilities	Gulu, Uganda	17-Apr-06	24-Nov-06	\$2 952
Kairos Charity Health Center	Gulu, Uganda	18-Apr-06	31-Jul-06	\$574
Gulu Women with Disability Organization-Bobi branch	Gulu, Uganda	27-Apr-06	15-Sep-06	\$10 224
Pece Disabled Association	Gulu, Uganda	22-Jun-06	22-Dec-06	\$15 108
Ngolo Pe Koyo Disabled Persons Group	Gulu, Uganda	10-Aug-06	15-Sep-06	\$1 823
Gulu District Rehabilitation Office	Gulu, Uganda	22-Aug-06	22-Sep-06	\$2 259
Gulu Persons with Disability Peer Committee	Gulu, Uganda	1-Sep-06	30-Apr-08	\$28 145
Africa Inland Church-Bethany	Kenya	5-Jan-04	15-May-05	\$19 227
PCEA Kikuyu Orthopaedic Rehabilitation Centre	Kenya	1-Feb-04	30-Apr-05	\$16 666
Association of the Physically Disabled of Kenya (APDK)	Kenya	2-Feb-04	30-Apr-05	\$49 729
Nairobi Archdiocese Refugee Assistance Programme (NARAP)	Kenya	2-Feb-04	30-Apr-05	\$11 988
Kenya Wheelchair Basketball Federation (KWBF)	Kenya	1-Mar-04	28-Feb-05	\$44 076
Jaipur Foot Trust	Kenya	1-Jun-04	31-May-05	\$39 311
Kenya Programmes of Disabled Persons (KPDP)	Kenya	14-Jun-04	30-Oct-04	\$5 307
Kenya Wheelchair Basketball Federation (KWBF) 2	Kenya	1-Nov-05	30-Mar-07	\$42 375
Kenya Wheelchair Basketball Federation (KWBF) 3	Kenya	15-Mar-08	12-Aug-09	\$53 332
Uganda National Association of the Deaf (UNAD).	Lira, Uganda	5-Mar-07	28-Feb-08	\$42 603
Ogoro Mita Akonya Disabled Group	Lira, Uganda	23-Mar-07	23-Oct-07	\$5 223
Lira Deaf Association	Lira, Uganda	2-Apr-07	31-Mar-08	\$41 695
Community Based Rehabilitation Alliance (COMBRA)	Lira, Uganda	6-Apr-07	31-Mar-08	\$25 431
Gulu Youth Development Association (GYDA)	Lira, Uganda	23-Apr-07	23-Dec-07	\$48 234
Lira District Council for Disability (DCD)	Lira, Uganda	1-May-07	31-May-08	\$39 065
Lira Umbrella Parents Support Organization (LUPSO)	Lira, Uganda	3-May-07	30-Jun-08	\$25 858
Uganda National Paralympics Committee (UNPC)	Lira, Uganda	14-May-07	14-Jun-07	\$11 886
AGAM Development Association	Lira, Uganda	21-May-07	21-May-08	\$16 130
Community Based Service Department, Lira District Local Government (CDO)	Lira, Uganda	21-May-07	20-Jun-07	\$2 372
Uganda Society for Disabled Children (USDC)	Lira, Uganda	23-May-07	30-Jun-08	\$49 650
Lira District Union of Persons with Disabilities (LDUPD)	Lira, Uganda	29-May-07	30-Apr-08	\$36 822

<b>GRANTEE NAME</b>	<b>COUNTRY</b>	<b>START DATE</b>	<b>END DATE</b>	<b>TOTAL AMOUNT</b>
Lions Aid Norway (LAN)	Lira, Uganda	1-Jun-07	30-Jun-08	\$49 986
Spinal Injuries Association Uganda (SIA)	Lira, Uganda	1-Jun-07	31-May-08	\$47 403
Kibera Community Youth Programme (KCYP)	Lira, Uganda	19-Jun-07	31-May-08	\$27 001
Rural Disabled Persons Organisation Lira (RUDIPOL)	Lira, Uganda	1-Jul-07	30-Jun-08	\$26 149
Daniel Comboni Disabled Training Center (DACODPE)	Lira, Uganda	1-Jul-07	30-Apr-08	\$9 917
Lira Multi-puopse Center for the Blind (LMPCB)	Lira, Uganda	2-Jul-07	30-Apr-08	\$11 006
Tamu Pirwa Disabled Association (TPDA)	Lira, Uganda	11-Jul-07	31-Mar-08	\$2 090
Lira District Disabled Womens Association (LDDWA)	Lira, Uganda	17-Jul-07	30-Jun-08	\$29 767
Young Christian Community Development Agency (UYCCDA)	Lira, Uganda	23-Jul-07	30-Jun-08	\$41 965
Christian Support to Landmine Survivors (CSLS)	Lira, Uganda	1-Aug-07	31-Dec-07	\$2 064
Adekokwok Sub County Disable Association (ASDA)	Lira, Uganda	15-Aug-07	30-Jun-08	\$21 786
Collaborative Efforts to Alleviate Social Problems (CEASOP)	Lira, Uganda	1-Sep-07	31-Dec-07	\$9 932
Landmine Survivors Support Organization (LASSO)	Lira, Uganda	20-Oct-07	20-Feb-08	\$5 630
Lira District Peer Committee (LDPC)	Lira, Uganda	1-Mar-08	12-Aug-09	\$53 282
Leonard Cheshire International	Sierra Leone	1-May-04	30-Apr-05	\$23 851
World Hope International	Sierra Leone	1-May-04	31-Aug-05	\$45 987
Leonard Cheshire International (2)	Sierra Leone	1-Sep-05	31-Jul-06	\$33 190
Sudan Evangelical Mission	Sudan	1-Feb-05	31-Mar-06	\$50 000
Disabled Organisation for Legal Affairs and Social Economic Development	Tanzania	1-Sep-04	30-Nov-05	\$18 050
<b>TOTALS</b>				<b>\$1 780 481</b>

## OVERALL FINDINGS ON THE GRANT MAKING PROCESSES AND SUB GRANTEE MANAGEMENT

Nearly all sub-grantees reported a high level of satisfaction with the grant making process. The process was found to be transparent and all organizations interviewed felt that they had a fair chance of winning a grant. The training that took place before the award for sub-grantees to help understand USAID and Pact funding procedures were of noted importance.

In general communication with sub-grantees (which was often by email) was reported to be adequate and grantees reported that the pre award assessment was useful for clarifying the expectations of Pact in relation to the grant and also supported the sub-grantees in proposal writing where the organizations lacked the skills in proposal writing because of their young structures and limited staffing but had relevant project ideas. The website was an additional effective and useful source of information to sub grantees.

“...the selection process was transparent, as the OMEGA Initiative had clearly defined guidelines; it had SMART objectives; one would know whether one was legible to apply or not and the review of the proposals was conducted by a team with different expertise making the process to be efficiently handled”

*Director of SEM, Southern Sudan*

Pact had both well established and well communicated reporting and accounting procedures especially the bench marking system, which had deadline schedules and report timelines.

In general grantees reported rapid dispersal of funds noting that they experienced delays in disbursements only when/if they (sub grantees) were late with reports, had not responded to queries or had not submitted financial statement. In Sudan (where problems in dispersal had been highlighted in the midterm evaluation) sub-grantees reported there was a notable improvement in the timing of grants disbursal.

Pact was **not** found to be overly bureaucratic by this evaluation team. This in direct contrast with the findings of the midterm evaluation, but specifically stated by several sub grantee organizations (Sudan, Tanzania, Kenya, Uganda); in fact only one sub grantee felt reported that Pact exercised too much control and supervision over the sub-grantee.

It is apparent that all grantees made substantive strides towards the achievement of objectives highlighted in their sub grant agreements, and some have key achievements under objectives that were not part of their agreements.

### Challenges

In Sept 2004, the midterm review team found that the small grant making process was not sufficiently thought through. The report indicates that the evaluators found the small grants process reduced the available technical assistance to sub grantees as a result of the increased level of administration required to manage the higher number of small grants.

The midterm evaluation recommended that the negotiations on small grants should be suspended pending the development of a comprehensive strategy for a small grants program as an integrated component of OMEGA’s overall vision<sup>36</sup>. Grant making was not however subsequently suspended by USG and no evidence can be found that any further strategy was developed.

<sup>36</sup> OMEGA Initiative Mid-Term Evaluation, MSI, September 2004, Page v

During the final evaluation nearly all recipients reported that they found the grants management process to be transparent, easy to work with, unhindered by red tape and efficient at making disbursements. 58 small grants totaling US\$ 1,378,615 were disbursed following the midterm evaluation. However insufficient access to Technical Assistance was noted as an issue in the mid-term and remained an issues throughout the program period.

A report by Pact on their small grants experience recommends in the future that a small team of three project staff (at a minimum) should be onsite and should include; one Technical Advisor, one Project Assistant, and one Admin/Finance Officer. This would promote more careful day to day monitoring of the grant and provide ongoing technical support. Pact also noted that they felt that grants should include a capacity building and institutional development component to ensure internal organizational growth and attractiveness to a large variety of donors.

These issues were discovered during the close out- evaluation:

- Although the OMEGA implementation team discovered relatively early on that small grants would be useful they, did not approach USAID and LWVF regarding small grants until 2003 when they had met the contract requirements in terms of the award of large grants. The USAID CTO approved the small grants process in 2003<sup>37</sup> and Pact Kenya developed a series of documents titled the “Small Grants Guidelines” later that year.
- Evaluator’s found a lack of clarity regarding the review process for small grants after 11 May 2004. There were 7 small grants made between 1 Sept 04 and 15 Mar 08 with a total value of US\$ 281,293 that appear to have been subject to the TRC process, according to informant interviews, but the decision-making process on these grants is not as clearly documented.
- For some of the sub grantees language was a problem, the majority of interaction was in English which was not always the most relevant language.
- Inflation negatively affected the sub grantees management of grants, particularly for the supply of equipment and activities as the Dollar rates substantively fluctuated (for example in Sierra Leone and Uganda).

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<sup>37</sup> The Evaluation team have been unable to verify the date of approval as correspondence from that time is limited in availability; however this timeframe fits with the award of the first small grant and with the recollections of 2 key informants. Additionally the OMEGA Annual report of 2005 indicates that approval was received from USAID/REDSO for small grants in 2003

### 2.4.3 Evaluation Findings ON TECHNICAL Support

The Omega Program was designed to include *Technical Support Services with a Rehabilitative Focus* for sub grantees of the OMEGA program.

Originally the idea was that these technical services would be provided by VVAF from their base in Ethiopia in all target countries but during initial award negotiations it was agreed that two technical advisors (one Prosthetics / Orthotics Specialist, and one Physical Therapist) would join the project as part of the VVAF sub-award, but be based at Pact Kenya in Nairobi. This provided a unique strategy to ensure on-going technical feedback and guidance throughout the project administration period on the ground. Technical support from Pact was to be focused on microfinance processes, expansion of access of people with disabilities to basic services and strengthening disabled persons organizations capacity to advocate for policy change, as well as grant making and administration.

Originally DPPI was supposed to provide policy support but this was modified in April 2002 and VVAF and Pact took over this role.

Technical support with a rehabilitative focus targeting persons with disabilities for sub grantees of the OMEGA sub-grantees was primarily provided by VVAF as described through one Prosthetics / Orthotics Specialist, and one Physical Therapist. The Prosthetics / Orthotics Specialist resided in Nairobi from March 2002 to June 2005 when his contract between VAAF and Pact ended. The Physical Therapist resided in Nairobi from March 2002 and then moved to Uganda in May 2005 to implement the small grants program in Gulu.

Technical support from Pact focused on microfinance processes, expansion of access of people with disabilities to basic services and strengthening disabled persons organizations capacity to advocate for policy change. Pact also provided streamlined support in the form of basic essential services such as pre-award organizational assessments (using the Pact ORCAT tool), orientation on USAID procurement regulations, basic grant management procedures, financial reporting and limited monitoring and evaluation support.

In some cases there was additional specific advice on issues relevant to individual sub grantees. However, the Omega program was by design (and funding level) developed to provide *limited and streamlined administrative capacity support* (i.e. financial mgmt, organizational strengthening, M&E support, etc), and maximize punctual technical capacity support in improved service delivery.

## **Overall Findings**

In nearly all cases the sub grantees found the technical and administrative capacity building exceptionally useful reporting improved systems that facilitate and assist in the management of organizational workflow and improved ability to access funding from a variety of different donors. In some cases grantees reported that the capacity building enabled them to diversify and augment their funding base.

## **Challenges**

- The evaluators were left wondering if the decision taken at the inception of the OMEGA Program not to partner with the DPPI may have resulted in a bit less of a National level policy and that achievements in the area of policy may have been more significant at the national level if this partnership had remained intact.
- In terms of rehabilitative services, record keeping improved but was still in general poor at the end of Omega. Data was limited or had significant gaps and validity/ reliability issues - and figures on how many people and who exactly received orthopedic and rehabilitation services, and how many people were referred by community workers (and then were seen) were often, incomplete, insufficient or lacking.

Evaluators noted that by design the Omega program was built as a streamlined administrative support mechanism with limited organizational capacity strengthening available. For example, there were no full time dedicated staff on M&E, rather these activities were incorporated as part of the Program Coordinators job who primarily handled sub-grant management tasks; and this design approach had negative ramifications in the data available.

In general the evaluators found that the level of longitudinal monitoring conducted by sub grantees was fragmented and implemented with varying levels of success with little consistency across indicators. The overall consequence of weak M&E at the implementation level is the inability to ascertain the exact number of people with disabilities that were assisted through the OMEGA Initiative. In some cases the sub grantees counted the number of prosthetic or other orthotic devices produced or repaired, but not the number of individual people with disabilities who were assisted, thus requiring the use of proxies or estimates on population figures. Due to this, the level of reporting was not adequate as to easily pick the number or make comparative analysis, e.g. of number of people assisted against the grant amounts awarded or the level of investment in equipment and the level of services provided.

Even given the significant design limitations, evaluators felt the Omega team did not do enough to help sub-grantees maintain and keep accurate information, they found the project PMP to be useful only for higher level administrative reporting but ineffectual at the field level. In the future a Program Monitoring and Evaluation Officer should be included in project design, training of sub-grantees in Monitoring and Evaluation completed, baseline data collected, and data audits undertaken to ensure more accurate records are maintained on an annual and ongoing basis.

#### **2.4.4 Findings on Regional Program Management**

**Regional Program Management:** The funds for the Omega Initiative originated in Washington DC from USAID's Patrick Leahy War Victims Fund, but it was determined that day to day program management would be handled by REDSO/ESA (Regional Economic Development Services Office/East and Southern Africa) office in Nairobi and the Cognizant Technical Officer (CTO) also based in Nairobi.

#### **Results**

The Omega program was managed by the REDSO/ESA for several reasons; (1) Both Pact Inc. and Pact Kenya already had structures in place in Nairobi, (2) travel from Nairobi to other cities in the region is most cost effective, (3) Locating the regional office near the model project in Ethiopia allowed for the provision of enhanced collaboration, monitoring and support, (4) the CTO was initially based in the REDSO office in Nairobi.

## 3 CONCLUSION

- 3.1 Remarks in Summation
- 3.2 Common Lessons and Recommendations
- 3.3 Way Forward

### 3.1 Remarks in Summation

During the life of the program the evaluators determined that OMEGA Initiative *has* served to address and mitigate a significant number of challenges pivotal to the reintegration of people with disabilities. It *has* ensured that the lives of many people with disabilities have been influenced positively by the projects implemented and it *has* contributed to the realization of the objectives of the UNCRDP and ADDP --enabling persons with disabilities in the eight target countries to enjoy an appreciable improvement in quality of life and assisted them in making the first steps towards taking their rightful place in mainstream society.

There is clear evidence to support that as a result of the OMEGA Initiative people with disabilities in 8 countries *have* an increased level of access to, or availability of essential orthopedic and prosthetic rehabilitation services, and facilities and services have been both newly established or significantly augmented to accommodate an increase in coverage. Additionally, the quality of the services that were available has been (in most cases) significantly enhanced through careful training, mentoring, improvement and technical oversight of facilities.

New partnerships with government have not only highlighted the issues of persons with disabilities, but have served to simplify the process of accessing government services and support for persons with disabilities.

The OMEGA Initiative focused on assisting persons with physical disabilities (*in all countries except for Uganda where all disabilities were targeted*) and possibly the most far-reaching impact of the program was on the mobility of the target group. Access to orthopedic reconstruction for club foot, prosthetic feet, legs and hands, the provision of wheelchairs, tricycles, crutches and other rehabilitation mobility devices provided the ability to move freely from one place to another and a degree of freedom to beneficiaries previously unknown.

It is interesting to note that respondents interviewed indicated that they felt the OMEGA Initiative reduced the stigma associated with being disabled. Omega evaluators noted that many beneficiaries were successful and respected business people; participate in sporting activities, sitting on councils and actively participating in communities.

The ultimate goal of Omega was to improve the overall quality of life of civilian disabled persons and other persons with disabilities (holistically) by channeling targeted resources in support of implementation, expansion and strengthening of pre-existing and proposed rehabilitation services for civilian \victims of war and other people with disabilities and the evaluation finds that the impact of the OMEGA Initiative on both direct and indirect beneficiaries was immense and will have long reaching consequences in the disability sector for some time to come.

### 3.2 Common Lessons and Recommendations

Although the evaluators broke into separate evaluation teams to visit the differing countries it is interesting to note that there were some commonly reported lessons and recommendations, these include:

- The amount of grants, small grants or large grants did not seem to have a major influence in the level of achievements made by the grantees. Both small grants and large grants were used effectively and efficiently to achieve the intended program objectives.
  - Capacity building in grant procedures management and provision of clear guidelines were determined to be key ingredients to accomplishing the planned activities in a transparent manner.
  - Training and capacity building of local organizations to build better financial, administrative and management systems was (and remains) critical for small grants to enable them handle funding and respond to increased scale.
  - Nearly all grantees could use additional support in monitoring and evaluation and client tracking.
  - As a principle, future programs must have adequate baseline information for both targeting and assessing project/program performance.
  - Future programs should continue to acknowledge the value of capacity building in grant making programs. Sub grantees who had worked with Pact in previous projects prior to Omega funding had benefited from previous capacity building initiatives to strengthen their capacity to implement grants—evaluators found these grantees were more efficient and effective in managing their grants.
  
- Establishment and improvement of physical and rehabilitation centres was found to be more sustainable and cost effective when done in collaboration and coordination with the Government line ministries and other key stakeholders. Stakeholder involvement should be informed by a very well guided analysis to ensure that stakeholders who have high influence and power and have high priority for addressing the needs for persons with disabilities are targeted and included at all stages of the project cycle (Identification, financing, implementation, monitoring and evaluation) and also in outlining the phase in and phase out strategy.
  
- Partnerships that are central to implementation should be guided by a clear partnership strategy that outlines, the terms of engagement for each partner, memorandum of understanding, decision making and reporting protocols communication and feedback mechanisms among others.
  
- Effective and efficient service delivery in physical and rehab centres is highly dependent on a good management information system (admissions, records management, stores and inventory management, patients' records and documentation of diagnosis and treatment) and evaluators found these systems lacking. Future programs should anticipate the need for continued support of these systems. This has an implication on installation costs, maintenance costs as well as technical skills within a given context.
  
- Providing training and opportunities for training in a variety of manners (from mentoring, to workshops, to degree programs, to exchange visits etc) in technical areas such as physiotherapy/physical rehabilitation was seen as very powerful and went a long way in increasing availability of technical staff (and quality of care) in multiple countries.

- Providing treatment to persons with disabilities without adequate follow-up/outreach can compromise the value of the support provided to persons with disabilities. Evaluators recommended that future programs should anticipate the need for providing outreach and follow-up to the beneficiaries, and budget for this. Follow-up mechanisms such as cost sharing with the health facilities as well as working closely with the government line ministries can be a cost effective and sustainable way of providing follow-up and outreach.
- Capacity building, technical training and institutional support are key in ensuring sustainability aspects of project activities and results.
- Use of a holistic approach (like that used in Omega) that combines improvements in access, socio-economic integration, rehabilitation and treatment, and policy was found to be both doable and critical to improving the quality of life of persons with disabilities and in line with present international frameworks and school of thought.
- Production of assistive aids for sale can be a viable sustainability mechanism for service delivery centres. Evaluators recommended that future programs consider working with organizations that have adequate and long-term capacity to produce assistive aids such as wheel chairs, or should strengthen this capacity to enable them produce at large-scale and open their markets to national or regional level.
- A system for both production and maintenance/ repair for prosthetics and orthotics appliances is required for optimal service delivery, programs should ensure that both production and maintenance services are addressed, especially in countries where provision for either of the service is limited.
- Treatment, rehabilitation and recovery of persons with disabilities can be hampered by the cost of assistive aids recommended to patients. Future programs should anticipate the affordability of assistive aids to patients undergoing treatment/surgery and should have a comprehensive financial strategy that includes strategies for addressing patients in financial need.
- More could be done in the policy arena – several evaluation teams recommended that NGOs/Civil Society do more to lobby for government support and mainstreaming disability in the various national policies.

### **3.3 Way Forward**

Although evaluators found OMEGA to have long reaching impact in the disability sector for some time to come, there is still much to be done and there are still unmet needs in disabilities sector across the region. Programs like Omega should continue to be refined and replicated to forward international policy and quality of life of person with disabilities.

# ANNEXES

## ANNEX 1 - Amendments to the OMEGA Program

In September 2001 it was agreed that two technical advisors (one prosthetics / orthotics specialist, and one Physical Therapist) would join the project as part of the VVAF sub-award, but based at Pact Kenya in Nairobi. This provided a unique strategy to remove some of the technical assistance burden from VVAF and provide on-going technical feedback and guidance throughout the project period on the ground. These individuals replaced the DPPI element of the project (April 2002). The Physical Therapist remained through to March 2005 while the prosthetics / orthotics continued in Nairobi until July 2005.

The program budget was modified in alignment with this change as highlighted in Table 9. There were six further modifications to the Omega Initiative during the program lifetime. Substantive changes are described in Table 10. Of key relevance is that the original OMEGA program anticipated the award of 3 – 5 large grants; however within 6 months of program inception the technical team identified a need to target smaller organizations offering grants of up to \$50,000 for project implementation. The evaluators understand that this was approved by LWVF in 2003, and the first small grants were disbursed in January of 2004. However the first contractual mention of small grants is in the 3rd amendment from USAID on 2 August 2006.

**Table 17: OMEGA budget revision at the time of the award**

DESCRIPTION OF BUDGET CATEGORY	ORIGINAL BUDGET	REVISED BUDGET AT AWARD
Pact Inc. Program Management Costs	\$ 833,676	\$ 833,676
Pact Kenya Management Costs	\$ 607,071	\$ 607,071
Sub-Awards to Partners (VVAF)	\$ 1,500,005	\$ 2,452,154
Regional Sub-Grant Awards	\$ 5,059,248	\$ 4,107,099
TOTAL BUDGET	\$ 8,000,000	\$ 8,000,000

**Table 18: OMEGA Program substantive modifications**

MOD #	DATE	CHANGES
1	24 Aug 05	<ul style="list-style-type: none"> <li>• Raise ceiling by \$ 1,251,000 to new award amount of \$9,251,531</li> <li>• Change agreement officer to Joe Lentini</li> <li>• Change CTO to Lynne Cripe</li> </ul>
2	24 Apr 06	<ul style="list-style-type: none"> <li>• Provides incremental funding of \$1,251,531</li> </ul>
3	2 Aug 06	<ul style="list-style-type: none"> <li>• Extend period of agreement to 12 Sept 09</li> <li>• Increase estimated amount by \$ 4,100,354 to</li> <li>• Increase obligated amount by \$2,000,000 to \$11,251,531</li> <li>• Specify "Small Grants and sub-awards budget at \$11,090,951"</li> <li>• Key personnel changed to                             <ul style="list-style-type: none"> <li>• Simon Richard – Program Director and signatory of all awards</li> <li>• Jacqueline Ndirangu – Program Coordinator</li> <li>• Emanuel Osembo – Pact Kenya Grants Manager</li> </ul> </li> </ul>
4	28 Sept 07	<ul style="list-style-type: none"> <li>• Provides incremental funding of \$1,299,593</li> </ul>
5	6 Aug 08	<ul style="list-style-type: none"> <li>• Provides incremental funding of \$ 800, 761</li> </ul>
6	21 Aug 09	<ul style="list-style-type: none"> <li>• Provides a 3 month no-cost extension to 31 Dec 09</li> </ul>

**ANNEX 2 -  
OMEGA IMPACT EVALUATION: SCOPE OF WORK**

## **OMEGA: IMPACT EVALUATION**

### **SCOPE OF WORK**

The OMEGA Impact Evaluation will focus on both the process and outcome levels of the program. The process evaluation will measure the extent to which the Omega program interventions were achieved, what disability services were provided, who received them, when, how and who provided the services. A review of input, activity and output elements of the Omega project will be carried out for the purpose of understanding the processes through which the project intervention activities achieved its outcomes and anticipate consequences. The process evaluation will determine how projects funded under the Omega program successfully met their objectives and examine the extent to which Pact's small grant mechanism and technical assistance enhanced the capacity of grantees to implement quality disability services.

The outcome evaluation will measure the extent to which Omega interventions made a difference in the lives of PWD and in improving the capacity of organizations in providing care and support for PWD. The outcome evaluation will involve a review of the outcome elements of the OMEGA program to determine what intermediate outcomes were achieved and whether in general the project made a difference among the target beneficiaries. An attempt will be made to assess the extent to which the program made a difference in the lives of the project participants by investigating if and to what extent the project activities/initiatives actually benefited the intended recipients, and if these benefits can be attributed to the project activities.

The evaluation will focus on 6 countries where the program worked with a number of organizations. The countries are Sudan, Kenya, DRC, Tanzania, Sierra Leone, DRC Congo and Ethiopia.

### **OBJECTIVES**

The key objectives will be;

1. To assess the level of success of funded projects –
  - To what extent were the projects achieved?
  - What impact has the project had on intended beneficiaries?-what was the most significant change in the lives of the beneficiaries as a result of project activities?
  - To what degree were the grantees successful in increasing the availability and accessibility of essential physical rehabilitation services?
  - What key factors determined the success and failures in implementation of the project, and what key lessons can be drawn that should be considered for the future program planning and implementation?
2. To examine the extent to which PACTs small Grants mechanism and technical assistance enhanced
  - The capability of grantees to implement quality services-
  - Grant Making process
  - Technical capacity provided through the grant
  - Sustainability of the grant

**METHODOLOGY**

The evaluation will employ both qualitative and quantitative techniques. Program progress reports and indicator data will be reviewed. Interviews will be organized for various stakeholders key among them grantees and beneficiaries of the program. Given that some projects ended 2-4 years ago it is possible that changes have taken place in the lives of the target beneficiaries over time, some of these changes may have nothing to do with the Omega Program and would have happened regardless of whether or not the project existed. The objective of assessing attribution will be to isolate and contextualize the impact of the Omega program from non-program factors.

The evaluation will utilize participatory approaches to assess attribution of which one of the approaches will be to assess the relative importance of the Omega Program within the project area and also non project factors. This approach will aim at understanding all the project and non project factors which have contributed to changes identified or observed on the target group. Qualitative methods such as the most significant change techniques, simple ranking and scoring, causal diagrams, use of attribution tallies, before and after scoring and comparisons will be used to measure the relative impact of both program and non program factors.

**EVALUATION TEAM**

The evaluation team is comprised of 5 evaluators with extensive multidisciplinary expertise and experience in the following areas:

- Disability programs and grants management expertise
- Familiarity/experience with the African Disability context, particularly the NGO sector in the countries where the OMEGA program was implemented (Sudan, Kenya, Tanzania, DRC Congo, Sierra Leon and Ethiopia)
- Extensive experience and knowledge with the US government and particularly USAID funded programs
- Extensive experience with USAID rules and regulations for grants and financial management
- Vast qualitative research expertise and quantitative research experience

**Evaluation Coordinators:**

Jane Oteba, Pact Africa Regional Evaluation Advisor, and Hannah Kamau, Pact Africa Regional Monitoring, Evaluation, Reporting and Learning (MERL) Advisor are based in Nairobi, Kenya at Pact' Africa Regional office. The advisors play a key role in evaluation design and are responsible for the overall coordination, ensuring that the evaluation design is sound and appropriate in addressing the terms of reference of the evaluation, overall quality control as well as ensuring that the evaluation promotes institutional learning. Pact's advisors have extensive experience in programming, designing and implementing MER systems conducting evaluations and program/project reviews.

**Lead Evaluator:**

Sebenzile Matsebula is a South African national, currently she is the managing director of Lindanada Consulting firm based in Gauteng, Johannesburg. Sebenzile has a BA in psychology, a master's degree in social science specializing in research methodology and is finalizing a PHD in biometrics. She has also attended professional training, in strategic and organizational management, project management, research methods as well policy and advocacy.

Sebenzile has extensive and broad international experience, knowledge and understanding of mainstreaming disability in the develop sector. She has achieved this through conducting audits, consulting, creating awareness, educating, mentoring, peer counseling, research, sensitization and training. Most notably, Sebenzile was a key participant in the implementation of the Integrated National Disability Strategy for South Africa and also in developing the convention on the rights of people with disabilities in South Africa. She has also served as team leader for the evaluation of

Swedish/South African disability project as well as the evaluation of Australian Aid Development Project on Capacity Building of the Office of Disabled Persons.

In addition, Sebenzile has served as an adviser to national, regional, international and United Nations agencies. These include:

- The World Bank sessions for the Disability Program in Helsinki, Finland and Durban, South Africa.
- The United Nations Association of International Systems (UNAIS) on mainstreaming disability in London, U.K.
- The World Health Organization (WHO) review of Based Rehabilitation (CBR) programming Helsinki, Finland.
- The World Health Organization (WHO) review of the International Classification of Functioning (ICF) on the executive committee of the review project. This led to the development of a new classification of disability and impairments. Consultations were held in Geneva, Switzerland.
- The International Labor Organization (ILO) during the development of International Standards for disabled persons in the workplace. Consultations were held in Geneva, Switzerland.
- The Scandinavian governments' development of a strategy for International Cooperation in Disability.
- The government of Italy (International Cooperation Division of the Ministry of Foreign Affairs) in the development of development cooperation and disability. Consultations were held in Rome, Italy.

**Evaluator:** Dr Mark Ayallo is a freelance Kenyan consultant. Dr. Ayallo has a Bachelor of Medicine and Surgery, a Master's degree in Public Health and a Diploma in Health Management, Epidemiology and Biostatistics. He also has as training in program evaluation. He has over 10 years experience in providing consultancy services and working with development programs both at national and international level.

Dr. Ayallo has wide and extensive experience in strategy, sector reforms, policy formulation, evaluation and mainstreaming disability in the health sector in Kenya. He was a team leader in evaluation of the Disability, Grant Management and Capacity development program – funded by USAID/AED through PEPFAR initiative and implemented by Handicap international in Kenya.

**Evaluator:** Phoebe Katende is a Ugandan national, free lance consultant. Ms. Katende has a bachelors' degree in social work and a master's degree in social sector planning and management. She has extensive experience in the disability sector. She has also worked as a senior program officer for Sight Savers International and the German Leprosy Relief Association.

Ms. Katende has participated in numerous evaluations and was team leader in the evaluation of the OMEGA USAID funded project implemented by PACT in Lira-Uganda. She is also the vice chairperson of the committee coordinating documentation of disability experiences in Uganda. Ms. Katende has also served as an adviser to the international disability consortium (ICDC) and also to WHO initiatives on documenting disability initiatives.

**Evaluator:** Hannington Mambo – is a Kenyan national, currently working with the institute of grants management as a Grants Management Specialist. Mambo has a Bsc in Agricultural Economics, a Bsc in Applied Economics and an MBA in strategic management. He also has qualifications in accounting (ACCA and a BSc in Applied Accounting from Oxford-Brookes University). Mr. Mambo has extensive experience in finance and grants management. He worked as a grants management specialist for Save the Children UK (Somalia), AMURT International (Sudan), Pact, African Union - IBAR (Greater Horn of Africa), Mullard Electronics (Kenya) and Pink Ltd (Kenya). He has cumulative experience in the NGO and grants management of eight years and is the founding director of the institute of

grants management-Info in Kenya. Mr. Mambo has also conducted consultancies in many countries including Senegal, Sudan, Somalia, Uganda, Tanzania, Britain, Zanzibar, Ethiopia and Zambia. Mr. Mambo is in the process of finalizing a book in Grants Management®, a first for the region, and is involved in the development of the curriculum for Grants Management for KCA University.

The Matrix below shows the level of effort for each of the each of the evaluators.

<b>EVALUATOR</b>	<b>ROLE IN THE OMEGA EVALUATION</b>	<b>COUNTRY TO FOCUS ON</b>
Sebenzile (lead Evaluator)	<ul style="list-style-type: none"> <li>• Team Leader</li> <li>• Document review and analysis of all projects in all countries;</li> <li>• Evaluation design and design of the evaluation instruments;</li> <li>• Pretesting of the instruments;</li> <li>• Data collection;</li> <li>• Analysis and report writing for 2 countries</li> <li>• Consolidation of the final report</li> </ul>	Data collection in Kenya and Tanzania Document review- All countries Review of country specific evaluation reports - All countries
Mark Ayallo	<ul style="list-style-type: none"> <li>• Document review and analysis of all projects in at least 2 countries;</li> <li>• Evaluation design and design of the evaluation instruments;</li> <li>• Pretesting of the instruments;</li> <li>• Data collection;</li> <li>• Analysis and report writing for 2 countries</li> <li>• Consolidation of the final report</li> </ul>	Sierra Leone and Ethiopia
Phoebe Katende	<ul style="list-style-type: none"> <li>• Document review and analysis of all projects in at least 2 countries;</li> <li>• Evaluation design and design of the evaluation instruments;</li> <li>• Pretesting of the instruments;</li> <li>• Data collection;</li> <li>• Analysis and report writing for 2 countries</li> </ul>	Sudan and DRC- Kinshasa and Brazzaville
Hannington Mambo	<ul style="list-style-type: none"> <li>• Document review and analysis of all projects in at least 2 countries;</li> <li>• Evaluation design and design of the evaluation instruments;</li> <li>• Pretesting of the instruments;</li> <li>• Data collection;</li> <li>• Analysis and report writing for 2 countries</li> </ul>	Sierra Leon and DRC- Kinshasa and Brazzaville

**TIMELINE**

The evaluation activities are expected to be undertaken between October 19th and December 2009. This timeframe will cover the full range of the evaluation processes from Front end-analysis to development and submission of the final reports. The table below outlines timeframe for different activities.

**Evaluation Timeline**

ACTIVITY	TIMELINE
Finalize evaluation team and scopes of work	September 1 <sup>st</sup> - October 10 <sup>th</sup>
Logistical preparations at country level, grantees and identification of beneficiaries	October 1 <sup>st</sup> - November 15 <sup>th</sup>
Finalization of the evaluation design, development of data collection tools and pretesting of the tools	October 19 <sup>th</sup> - November 25 <sup>th</sup>
Field work and data collection (This will take place concurrently in all the countries)	October 26 <sup>th</sup> - November 30 <sup>th</sup>
Data analysis and report writing	December 1 <sup>st</sup> - 15 <sup>th</sup>

**ANNEX 3 -  
OMEGA IMPACT EVALUATION: EVALUATION DESIGN**

## EVALUATION DESIGN FOR THE OMEGA PROGRAM

### 1. Background Introduction:

The **OMEGA Initiative** is a regional program implemented as a result of a cooperative agreement (September 2001) between Patrick J. Leahy War Victims Fund (LWVF) and PACT Inc., a U.S.-based Private Voluntary Organization.

The program was designed to provide support to qualified organizations in Sub-Saharan Africa, engaged in the implementation and extension of physical and social rehabilitation services for civilian war disabled and other people with disabilities. Pact Kenya as the lead organization in the OMEGA initiative managed the sub award component working closely with its implementation partner, the Vietnam Veterans of America Foundation (VVAF). While PACT Kenya provided program coordination and grants management Support, VVAF was responsible for technical inputs and oversight, particularly with respect to physical rehabilitation, and their staff served as technical advisors for the sub-grant component. Both organizations proposed to work closely with a sub-grantee, Disability Policy and Planning Institute, an organization dedicated toward improving the policy climate for civilian victims of war and others with disabilities.

### 2. Overall Goal:

The Goal of the OMEGA initiative was to provide quality rehabilitation services to persons with disabilities (PWDs) in Sub-Saharan Africa, to enable them live and enjoy life to the fullest. This was to be done through broadening the scope of Grant making for greater impact and by expanding innovative concepts in the countries and; to implement a model technical component addressing service delivery skills in physical rehabilitation and the Pact's developmental objectives to move towards more sustainable solutions for and with the disabled.

The program was initially designed for a 5 year period, but it the Program had extensions which has now formally ended (Sept 2009), with some country programs ended 2-5 years ago. For this reason, an end of program Evaluation is justified so as to establish the overall success of the program and differences on the situations which existed before the effort was initiated.

### 3. The Underlying Assumption (Hypothesis):

Evaluation will remain realistic to the OMEGA program's underlying assumption: That "**quality rehabilitative services will be provided**, if the capacity of institutions that provide services is improved, if the policy environ for civilian war disabled and other PWD is improved, if there is increased availability of and access to rehabilitation services for civilian war disabled and other PWD and if social and economic reintegration is improved."

### 4. The Evaluation Questions:

Did the Activities of the funded organizations lead to improved quality of life of the targeted beneficiaries in the program areas and;

To what extent did the PACT's small Grant Mechanisms and Technical assistance enhanced the capacity and capability of grantee organizations to deliver services.

## 5. Methodological Design:

### The Study Design:

It is clear that this is an 'end of program Evaluation'; hence an attempt will be made to make the evaluation comprehensive but informative. The evaluation will be cross-sectional, using both descriptive and analytical techniques retrospectively. The evaluation will focus on the program intervention to determine its relevance to the beneficiary needs. It will analyze both the input/outputs (Processes) and the outcome/Impact (Effectiveness) levels based on the Program fundamental assumption and anticipated results.

### Target Respondents:

The OMEGA program focused on four important result areas including Availability and Access to Services, Policy Environment, Institutional Capacity and social and economic Reintegration. Therefore, the targeted respondents to this Evaluation exercise will include: Donors, Program Managers/Leaders, Policymakers, Other Stakeholders (Partner NGOs, Partners Institutions, and Individuals), Beneficiaries, government sectors

## 6. Data Gathering Techniques & Tools:

We will utilize participatory approaches, employing both qualitative and quantitative techniques to gather evaluation data from the respondents within the areas outlined above. The specific techniques and respective tools to be used are outlined below and include the following (see **Appendix I** for Tools):

**Records/Documents Analysis** - (e.g. of Plans, Monitoring tools, Reports); this is an important part of this evaluation (secondary analysis) because of the retrospective approach the evaluation will take. It will focus on both Service need/access and Grant management/technical capabilities of beneficiaries and grantee organizations respectively. This technique will provide a lot of quantitative data for the evaluation. The tool to be used here is the record analysis forms (Service delivery & Grant Management).

**Interviews with Key Informants** - (These will be guided In-depth interview with key individuals as; – Donors, program managers, key stakeholders, key government Sectors, Partner Institutions – who had some direct or indirect stake in the program). The key tools here will be the Interview Guides for key informants at two different levels – regional coordination level (e.g. pact) & respective country levels)

**Discussion with the beneficiaries** - (Focus group Discussion with beneficiaries who will be categorized according to Disability category or service access –discussion guide as the tool.)

**Case Study of Program Effects** - (Identify unique positive deviants within program areas and document as cases for modeling).

**Guided Observations** - (Observation will be made by evaluators in the project areas using a pre-developed semi-structured observation guideline; it will also include use of cameras to capture the observed states pictorially)

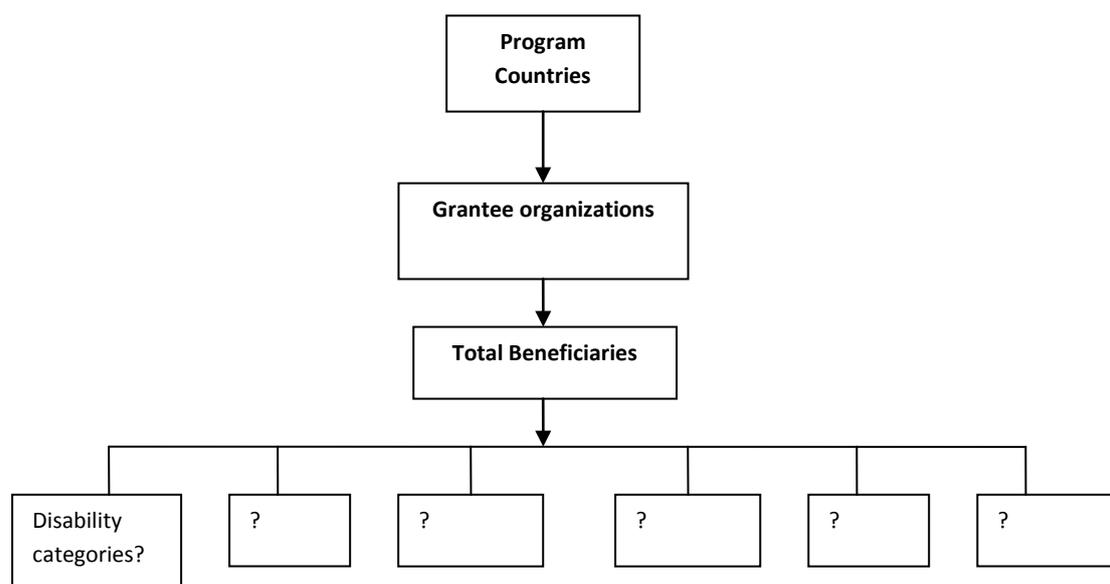
## 7. Program Coverage:

The OMEGA initiative program was geographically in the African continent. It covered seven (7) countries in the Sub-Saharan Africa of which the Ugandan program has already been evaluated. The remaining six are DR Congo, Ethiopia, Kenya, Sierra Leone, Sudan and Tanzania. There were twenty-one (21) Grantee organizations which targeted various categories of Disability groups – war victims disabled, amputees, poliomyelitis victims, parents of disabled children, foot deformities etc.

**8. Sampling Method:**

**Sampling Technique** - Because of the design nature of the OMEGA program – covering six (6) countries which work with numerous different organizations addressing different disability categories including those of civilian war disabled – it is necessary to use mixed sampling methods. A multi-stage sampling method with application of specific sampling techniques like stratified, cluster then simple random sampling techniques at different levels and for different categories of disability.

**Figure 1:** The Sampling Techniques used for countries, grantee & beneficiaries.



**Sample size** - All the Six countries will be included in the evaluation due to uniqueness in each country, including geographical differences, programs and the context of different disability situations; similarly all the grantee organizations will be considered due to diversity of approach and the fact that different organizations addressed different disability categories and issues.

Sample size of beneficiaries determined by first stratifying them according to the disability categories and other factors. Then, the specific categories will/or will not be clustered along some specific variables (e.g. amputees only, vocational trainees, parents of disabled etc) then sampled/selected using simple random sampling technique. Those sampled will participate in the evaluation exercise by being interviewed. Other issues like gender and youth will also be considered among the various categories of disability. Further, the sample size will also be determined by the time and resources available for the assessment, and decisions and choices will have to be made depending on what level of representation and evidence the assessment hope to achieve.

#### **9. Data Handling: (Validation, Cleaning and Analysis)**

The Evaluation team will conduct day to day checking (validation) of data collected to ensure completeness and relevancy of the data. Cleaning will further be done before data entry is made for analysis.

Qualitative data will be analyzed using qualitative methods. That is, we will employ use of “most significant change’ techniques, simple ranking and scoring will be applied to data from the focus group discussions. Also, the data from Key informants and guided observations will be further analyzed using attribution tallies. These techniques will be important for the country level reports.

Quantitative data from the Analytical records will be cleaned, entered and analyzed using the Statistical package for Social Sciences (SPSS) or other relevant packages. Prior to this, some of the quantitative data will be analyzed manually using calculators to ease consolidation of data from various sources. Some of these data will also be analyzed using excel.

### 10. Reporting Responsibility.

Each final Evaluation report for every country will be prepared by different Evaluators for respective country. That is, each country final report will be produced by the responsible Evaluator as shown below. The format of reporting (Country Reports) is outlined in 2.7.1 below. The Evaluators will be responsible for respective country reports as shown in Table 1 below:

**Table 1:** Country reports & who is responsible for.

COUNTRY	NO. FINAL REPORT	EVALUATOR RESPONSIBLE	REMARKS
DR CONGO	1	Hannington (HM)	PK will contribute to the report
ETHIOPIA	1	Hannington (HM)	MA will contribute to the report
KENYA	1	Mark (MA)	SJ to contribute to the report.
SIERA LEONE	1	Mark (MA)	HM to contribute to the report
SUDAN	1	Phoebe (PK)	Ph is responsible
TANZANIA	1	Phoebe (PK)	Ph is responsible
<b>Total</b>	<b>6</b>	<b>Jane (JO)</b>	<b>All Country Reports to be in with JO by 4<sup>th</sup> Dec.09 COB.</b>
Six (6) Countries	Synthesis Report	Mark (MA) & Sebenzile Joy (SJ)	14 <sup>th</sup> December 09 for Final Synthesis report

**Note:** All Country reports to be submitted to the PACT Evaluation Advisor. An overall synthesized report will be developed from all the six country reports by Mark and Sebenzile

### 11. Field/Time Schedule

As per individual scope of work and the field itinerary attached.

### 12. Logistics and Field Arrangements.

PACT will be fully responsible for logistic and administrative arrangements for the field work including making appoints, travel/lunch expenses for the respondent particularly beneficiaries who will come from distant areas, meeting venues and country-based debriefing workshop expenses.

### 13. Protocol and Ethical Considerations:

Identity documents, tags, introductions/cards, letters

Handling the data from the shared countries by different Evaluators (see reporting responsibility)

**ANNEX 4 -  
OMEGA IMPACT EVALUATION: DATA COLLECTION INSTRUMENTS**

**EVALUATION OF OMEGA PROGRAM**

**“A”: INTERVIEW GUIDE FOR IN-DEPTH INTERVIEW WITH KEY INFORMANTS**

*(Use with e.g. Donors, Pact Kenya, VVAF, Pact Inc, USAID, GoK sectors)*

1. Could you discuss with us what you know about the OMEGA Initiative and your role in the program?
2. How did the granting mechanism worked within the program and within various organizations involved?
3. What structures, systems and procedures were put in place to manage the grants? Probe on the above, including Tools.
4. What would you say were the envisaged risks in the grant management and what mitigation measures were put in place?
5. Are you aware of any USAID’s expectation on the management arrangement of the OMEGA initiative program?
6. What coordination mechanisms were put in place to support the implementation of the Omega program at various levels?
7. What role did your organization play with regard to policy development in disability?
8. And how has this influenced the policy environment with regard to the OMEGA initiative program?
9. Apart from USAID which other agencies/ stakeholders did Pact work with in regard to OMEGA program?
10. Mention what you consider as strengths and weaknesses of your organization in the role played in the OMEGA initiative program?
11. In general terms what has been the overall impact of the program on the capacity and capability of the grantees and beneficiaries?
12. In your opinion how would this Evaluation be helpful to the grantee organizations many years after some projects have closed?
13. Any recommendations for improvement/adjustments for future similar program you would like to make?

**EVALUATION OF OMEGA PROGRAM**

**B1: GRANT MANAGEMENT – MANAGEMENT ANALYSIS FORM/CHECKLIST**

*(Use with Grantee Organizations)*

Name of the Organization/Grantee: \_\_\_\_\_

Grant period: \_\_\_\_\_ (month and year).

Type of grant received: \_\_\_\_\_

**1. What objectives areas and activities were you funded on?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Budget and Expenditure Analysis (Value Analysis)**

Objectives.	Total budget (Obligated)	Amount received	Amount spent	Beneficiaries met (individuals or facilities)	Remarks (i.e. change in mode of engagement or termination of grant).
1.					
2.					
3.					
4.					
Total budget.					

**3. Grant Disbursement Analysis**

Disbursement schedule.	Date of Request	Date of disbursement	Amount requested	Amount Received	Remarks

**4. Financial and Management assessment Matrix**

Organizational Financial and management capacity (e.g. assessment for capacity building)	Type of Support provided to organization (management, financial technical, mentoring).	Effects on grant management, implementation and performance of grantee.	Comments.

**5. Modifications Made:**

Reason for modification	Achievement with Modification	Remarks

**EVALUATION OF OMEGA PROGRAM**

**B2: PLANNED ACTIVITIES IMPLEMENTATION - RECORDS ANALYSIS/CHECKLIST FORM.**

*(Use with the Grantee Organization's Records (Plans, Reports, M&E tools)*

Name of Your Organization: \_\_\_\_\_

**Note:** *The activities and Targets as per the Grantee organization's technical Implementation Plans. Enter achievements, as per actual performance in Narrative/Project Monitoring Plan reports. Consider all the Result areas Any Remarks; as it came from the Sub-Grantee organization management/staff.*

**1. With regard to the OMEGA program, which were the key areas of focus for your organization?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Which Activities did your organization plan and implemented for the orthopedic & rehabilitation services for the targeted beneficiaries?**

Result Area	Grantee Activities	Indicator	Targeted number	Achieved on implementation	Remarks

**3. How did your program/organization contribute to an improved Policy environment for the civilian victims of war/Disability?**

Result Area	Grantee Activities	Inclusion of PWD issues in Country Policies?	Collaboration with other Donor agencies e.g. in country programming for PWD	Formal Country participation, partnerships & strategic alliances	Remarks

**4. Which activities were undertaken to enhance the grantee organizational capacity to deliver quality services?**

Activities by e.g. VVAF to enhance capacity of Grantees	Capacity of Grantee org. to deliver Quality services		Capacity building activity done.	Responsible for the capacity building exercise.	Remarks
	Managerial capacity need	Technical capacity need			

**4.1 What can you say about the timelines and sufficiency of capacity building activities to your organization (if any) through OMEGA program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.2 In what aspect(s) did the capacity building activities improved your performance as an organization?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.3 What evidence exists to confirm that this performance translated to improved service delivery by your organization?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Which Social and Economic Activities did your organization undertake to increase the reintegration of the civilian victims of war/PWDs back into the society?**

Result Area	Grantee Activities	Indicator	No. targeted beneficiaries	Achieved on implementation	Remarks
Social & economic reintegration					

(Reintegration Activities) e.g.:

- Enrolment in education (formal & non-formal)
- Participation in recreational activities
- Participation in cultural activities
- Participation in household economic activities
- Participation in community-level economic growth

**6. taking all the above program activities into account, what can you say was the greatest impact/change on the lives of targeted beneficiaries?**

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**6.1 Who were the target beneficiaries of your program and outline their demographic characteristics.**

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**7. as an organization, what activities did you undertake to address sustainability issues of the OMEGA program initiatives?**

Which program activities?	Continuation of activities after grant ended	Financial Sustainability Grantee?	Organizational structures viable still? (Governance)	Specific elements of TA	Use/ maintenance of resources/ equipments?

**7.1 What is the overall perception of the grantee organization on sustainability issues in relation to participation in the program?**

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EVALUATION OF OMEGA PROGRAM

**C - INTERVIEW WITH KEY INFORMANTS (GRANTEE ORGANIZATIONS)**

**Name of the Organization/Grantee:** \_\_\_\_\_

**Grant period:** \_\_\_\_\_ (month and year).

**Type of grant received:** \_\_\_\_\_

1. What objectives areas and activities were you funded on?
  - a. How was this related to your strategic plan objectives and activities?
2. What were the criteria used to select the organizations and how were you involved in the process? Do you consider it to have been transparent?
3. What over sight and risk mitigation measures did you put in place during the project implementation period, including monitoring systems?
4. What were the communication mechanisms between your organization, Pact and Sub-grantees (if any) during the implementation?
5. What did you find different from the OMEGA grant from other types of grants that you have received?
6. What would be your recommendation for improvement of the grant making for future engagements?
7. In your opinion, what would you consider was value added to your organization performance from technical support received?
8. How did the program help address financial sustainability within your organization? What could you attribute the achievement to?
9. How has the equipment/resources acquired from the project been utilized, maintained and what are the plans for replacement?
10. How have you collaborated with other agencies within OMEGA program?
11. Are there activities still on-going related to the ended OMEGA program and what factors have led to this?
12. Would you identify any technical support which may be directly linked to improving the sustainability of you're the program activities by Pact or the activities carried out by your organization?
13. What lessons would you like to share with us?
14. Any recommendations.

EVALUATION OF THE OMEGA PROGRAM.

**D - DISCUSSION GUIDE WITH THE BENEFICIARIES**

1. Which organization(s) gave you support to address the disability needs which you had?
2. How did you get to know of the organization? Could you describe how you were recruited to be among the beneficiaries?
3. What type of services, information or support did you get from the organization? Do you think the activities were relevant to your needs? Probe
4. In your opinion, do you think the services/support you received contributed to any change in your life? In what way has the quality of your lives changed?
5. In what ways do you think the organizations' activities were/are most helpful to you as a person? Probe.
6. What are the challenges you faced with regard to getting such services or information as an individual?
7. What can be done to improve the type of services you received from the organization? Is there any other aspect of the support which could be improved and how?
8. Have you heard of an organization called PACT? In what way did you get to hear of it? Any additional comments on that?
9. Is there anything else you would like us to know?

EVALUATION OF OMEGA PROGRAM.

**GUIDELINES FOR OBSERVATION BY THE EVALUATOR.**

*(The Evaluator to observe, assess and fill appropriately)*

Name of Organization: \_\_\_\_\_

Type of facility/objective.	Name/Type and year acquired	Condition/status	Utilization/ evidence of inclusion.	Remarks (maintenance strategy).
<b>1. Institutional development related (e.g. furniture, equipment).</b>				
<b>2. Capacity building related (e.g. training manual, visual aids)</b>				
<b>3. Physical rehabilitation related.(e.g. devices)</b>				
<b>4. Physical and information accessibility (ramps, Brails).</b>				
<b>5. Awareness raising (IEC materials and policy docs.)</b>				
<b>6. Educational related Activities:</b>				
<b>6.1 Formal:</b>				

<b>6.2 Informal:</b>					
<b>7. Economic sustenance related.</b> <b>7.1 Household Level</b>					
	<b>7.2 Community Level Economic growth.</b>				
<b>8. Cultural related Activities.</b>					
<b>9. Recreational and sports activities e.g. table tennis, BB, etc)</b>					

**ANNEX 5 -  
OMEGA IMPACT EVALUATION: LIST OF INDIVIDUALS INTERVIEWED**

**SOUTHERN SUDAN**

**KEY INFORMANTS INTERVIEWED FROM MCDI**

Dr. Michael, Medical Superintendent, Rumbek Hospital  
 Bishop Salvatory, Bishop, Diocese of Rumbek (DOR)  
 Father Joseph, Trainer/Director, Computer school  
 John Moro, Deputy Headmaster, Rumbek Secondary school  
 Father Antonio, Headmaster, Rumbek Secondary school  
 Sister Anselm, Sister in Charge of center, Missionaries of Charity  
 HE Peter Gywnne Enock, Minister of State, MoGSWRA.  
 Odingo Deborah, Program Manager, AAA  
 Edith Muturi, Program Assistant, AAA  
 James Malual, Staff, Rumbek Rehabilitation Centre  
 Samuel Majak Machar, Staff, Rumbek Rehabilitation Centre  
 Motoch Gabrid Ouer, Staff, Rumbek Rehabilitation Centre  
 Abraham Gum Majak, Staff, Rumbek Rehabilitation Centre  
 Benedict Masika, Orthopedic Tecnologist, Rumbek Rehabilitation Centre  
 David Juma Moses, Staff, Rumbek Rehabilitation Centre  
 Aliza Ezikual Pourak, Staff, Rumbek Rehabilitation Centre  
 Marg Pe Bak, Staff, Rumbek Rehabilitation Centre  
 Marthe Akur Akec, Staff, Rumbek Rehabilitation Centre  
 Tom Okoth, Physiotherapist, Rumbek Rehabilitation Centre  
 Loise Noah Abangiole, Staff, Rumbek Rehabilitation Centre  
 Idah Kadyamatimba, Coordinator., Rumbek Rehabilitation Centre

**MCDI - RUMBEEK REHABILITATION CENTER – BENEFICIARIES INTERVIEWED**

Paul Mabor	Peter Akuot Najok	Hellena Apach
Abraham Mejier	Alfred Dut	Manyang Der Atar
Manyang Gai	Mabor Majok	Athiei Marek Akol
Mabor Chok Well	Agorok Manyang,	Martha Atek Mayek
Adit Gueny	Malog Akok	Elizabeth Atuet Malek
Mayor Long Achol	Ador Ater	Toch Azuor Monyitic
Marial Dak	Mazail Kansur Chieth	Rebecca Nyaror Monyitic
Abraham Mayor	Makat Chawul	Chumal Annet
James Manyang	John marail Bayulic	Thieu Aterm
Danyol Makuei	Hakim Cipuonyuc,	Bith Kor
Makot Akirot Beng	Lazarus Makoi Jgai	Makur Chok Ngong
John Ajuong	Mabor Mapet Nguangnyin	Machiek Chol
Chol Laat	Mahany Them Tiec	Baranaba Makur
Awal Deng Matek	Monica Nyauaclek	Mading Murat
Akol Gai Gueny	Anjelina Yar	Paul Mangarof
Martha Akur	Kuol Magol	Malou Mer
Joseph Yok	Joseph Akeke	Sebit Dut Manuyiel
Anjeer Mabil	Abok Manhun	Joseph Meer
Marko Anyaar	Anyon Deng	David Akon
Ayeu Majak	Elizabeth Aker	Makuec Maluul
Gabriel Malok	Chol Atier	Abraham Mujak Kachol
Aloel Gai	Sarah Abui	Deborah Nyaaleth
William Luke Marjak	Akoi Makoi	Tigi Elizabeth
Samuel Mayek	Acien Hong	Rose Media
Paul Makoi Malith	James Agut Chuer	Helena Athen Puovic
Bashir Mohammed	John Magor Mayorn	Helena Ayem Mager
Malok Makoi Meen	Santiago Deng Chan	Mary Alet
Aguer Maker Mangok	James Makol Deng	Samuel Mayek
Joseph Mabar Akol	Samuel Bol Chingoth	Mary Alek
William Luke Mayak	Samuel Utho Ukuma	John Mangal Bol
Majuek Mabor	Chadrack Chol Manyan	Alfred Anyak

Isaac Akot Majak  
Gabriel Deng Machiek  
Simon Yai

Maboir Dak  
Mabor Dau  
John Mangal Bol

Albino Chol Mapour  
Mary Alek

**KEY INFORMANTS INTERVIEWED FROM SEM**

Benneth Hissen, CBR volunteer training, SEM  
Repent Wajjo , CBR committee, SEM,  
Morison Kango , Artisans training, SEM  
Thomas Taban, Artisans training, SEM  
H.E Bullen Abaitara Ariwari , Commissioner Mundri County, Welfare Dept/MoGSWRA  
Steven Sandy , Assistant Commissioner Mundri East, Welfare Dept/MoGSWRA  
Vaida Khamis , Ag Gender Department, Welfare Dept/MoGSWRA  
Paul Juma , Ag Regional Dept of Religious Affairs, Welfare Dept/MoGSWRA  
Jimmy Sidi, Inspector for Youths and Sports., Welfare Dept/MoGSWRA  
Keberti Goliver, Disability Coordinator, SEM.  
Ishmael Gulliver, Director , SEM,

**SEM - REHABILITATION OF PEOPLE WITH DISABILITY PROJECT - BENEFICIARIES INTERVIEWED**

Repent Owora	Victoria Clement	Justine Juma
Augustus Kayisara	Marata Alison	Kerenta Waju
David Sebi	Josephine Kila	Veronica Nura
Samuel Beliyie	Zabi Simon	Vobia Tavik
Yomima Bruni	Emanuel Mula	Simon Faki
Zakayo Kabi	David Mutoto	Easter Ambrose

**TANZANIA****KEY INFORMANTS INTERVIEWED FROM DOLASED.**

Gidion Mandesi, Director, DOLASED  
Mrs Kalumuna Mary, Welfare Officer, Department of Social Welfare.

**DOLASED - BENEFICIARIES INTERVIEWED**

Regina Mbagi  
Peter Gwikama  
Abubakari Rakesh  
Mrs Kalumuna Mary  
Mukatambwa Fred  
Allen Kiwelu  
Venus Luwomba  
Mathew Mihambo

**KENYA****KEY INFORMANTS INTERVIEWED IN KENYA.**

Nancy Kamau, Accountant, Pact Kenya  
Titus, CEO, Pact Kenya  
Joseph Ngugi, Business Development, Pact Kenya  
Antony Mweke, Head Operations, Pact Kenya  
Jackie Ndirangu, M+E, Pact Kenya  
Ronald Milare, Coordinator, KWBF  
Joseph Ndegwa, Chairman, KWBF  
Paul Mutati, Office Assistant, KWBF  
Sunil Sinha, Administrator, Jaipur Foot Trust  
Peter Mbugwa, W/Shop Manger, APDK Nairobi  
Joyce Munywa, Accountant, APDK Nairobi,  
Joyce Rugaita, Business Development Manager, APDK Nairobi  
Sam Orangi, Coordinator, APDK-Kisii Branch

Omari Simba, Field Officer, APDK-Kisii Branch  
Fred Oguk, Coordinator, APDK-Kisumu Branch  
Joyce Achieng, Field Officer, APDK – Kisumu Branch  
Peter M. Karivu, Coordinator, APDK – Embu Branch  
Emilio Ireri, Field Officer, APDK – Embu Branch  
Ann Muthoni, Treasurer, APDK – Embu Branch  
Andriano Kithaka, Secretary, APDK – Embu Branch  
??, Coordinator, NARAP/ Kangemi  
Francis Mwanyonga, Chairman, KWBF- Thika branch  
Martin Omondi, Treasurer, KWBF – Eldoret Branch  
Joseph Ochieng, Chairman, KWBF – Eldoret Branch  
Mika Rop, Vice Chairman, KWBF – Eldoret Branch  
Nixon Oroti, Org. Secretary, KWBF – Eldoret Branch  
Sarah Wambui, Member, KWBF – Eldoret Branch  
Isaac Kotut, Secretary, KWBF – Eldoret Branch  
Daniel Towitich, Coordinator, KWBF – Eldoret Branch

**BENEFICIARIES (GROUP MEMBERS) INTERVIEWED IN KENYA.**

Paul Kimanthi, Member, KWBF  
Sarah Wambui, Member, APDK – Embu Branch  
Christine Wagoki, Member, Hope Bringers  
Simon Njiru, Chairman, Kiangima  
Margaret Ibandu, Member, Kiangima  
James Kariuki, Member, Kiangima  
Nicolas Kivuti, Member, Wakio Pafoda  
Donato Nyaga, Member, Wakio Pafoda  
Simon Mumbi, Player, KWBF- Thika branch  
Stephen Otieno, Player, KWBF- Thika branch  
Stephen Owino, Player, KWBF- Thika branch  
Martha Wanjiko, Member, KWBF – Eldoret Branch  
Ruth Chomo, Member, KWBF – Eldoret Branch  
Sophia Tio, Member, KWBF – Eldoret Branch  
Lillian Zaidi, Member, KWBF – Eldoret Branch  
Joseph Chirchir, Member, KWBF – Eldoret Branch  
Irene Achieng, Member, KWBF – Eldoret Branch  
Joseph Otieno, Member, KWBF – Eldoret Branch  
Stephen Kosgei, Member, KWBF – Eldoret Branch  
Pius Asuke, Member/ Team Captain, KWBF – Eldoret Branch  
Job Onyiko, Member, KWBF – Eldoret Branch  
Grace Jenono, Member, KWBF – Eldoret Branch  
Sara Too, Member, KWBF – Eldoret Branch  
Nancy Otenyo, Member, KWBF – Eldoret Branch  
Ruth Chomo, Member, KWBF – Eldoret Branch

**SIERRA LEONE****KEY INFORMANTS INTERVIEWED IN SIERRA LEONE**

Osman, RPM Regional Program Manager, Leonard Chesire Disability, Freetown  
Kadi Kanu, Administration/ Finance, Leonard Chesire Disability, Freetown  
Teddy Molai, Program Officer, Leonard Chesire Disability, Freetown  
M Koroma, Field Coordinator, Leonard Chesire International  
Arthur Hennessey, Country Director, CAUSE Canada SL Partnership  
Isiah Remi Cole, Head of F & A, CAUSE Canada SL Partnership  
Mohamed Jalloh, P/Officer, CAUSE Canada SL Partnership  
Abdul R.A. Sannoh, Deputy PDR Coordinator, HANDICA International  
Sekou Keita, Coordinator, HANDICA International

Saidu Kanu, Country Director, World HOPE Intl  
Prof. Stephen Kurosa, Director, Ministry of Special Education  
Program Officer, DAAG  
Mr Jallo Mohamed, Program Coordinator, CAUSE CANADA  
Bamdino Suma, Clinical Manager, Prosthetic Outreach Foundation (POF)  
Daniel S. Turay, Regional Coordinator, World Hope Inter., Makeni  
Field Coordinator, LCI, Field office, Kono  
Janet Massaue, Administrator, Chesire Children Home  
Lamin Mansaray, Orthopedic Technician, Chesire Orthopedic Workshop  
Peter Kamara, Treasurer Microfinance, Chesire Microfinance program

**BENEFICIARIES INTERVIEWED IN SIERRA LEONE.**

13 School Pupils, 5 Different Schools  
MOHAMMED, Weaving Trainer, Red Cross, Kabala  
Teacher, RC Primary School  
Samwel Sesai, Head-teacher, W.C.S.L. Pri School  
Teacher, DEC Central  
Head Teacher, DEC Yogomia  
Mola Konteh, Student, KSS Kaharam Sec School  
Mr Kusala, Tailor, Outskirts of Kabala-2km  
17 Members, One ward; maboyandi; Blessing; God Bless; Mashiandi, Microfinance Group –(LCD Kabala  
13 members, Nyogomadambeh; Fawareh; Yitonyonko; Haldi-Forty, Sengbeh Chiefdom Microfinance Group –  
(LCO Kabala  
Committee members, Disabled Management Volunteer Committee (MVC, 6 Disabled Management Volunteer  
Committee  
Polio Persons Development (POPEDEV), Makeni Coordination Office, 8 Executive Members  
Female Beneficiaries, DAAG Makeni (Female Drama Group), 11 PWDs members  
Male Beneficiaries, DAAG Makeni (Male Football Group), 16 PWDs members  
Amputees (One Leg Footballers), Amputees resettlement, 6 members  
Beneficiaries, FGD with Females, PVA, Kono  
Beneficiaries, FGD with Males, PVA, Kono  
Pupil Beneficiaries, Field Observation, Key interview with Rebecca & Sia, Kono Primary School  
Abu Amara & Edward S Kanu., Prosthetic/Orthotic technician, Koidu Orthopedic Rehabilitation centre  
Beneficiaries, FGD with Group I, Kailahun  
Beneficiaries, FGD with Group II, Kailahun  
Sister, Medical Superintendent just left, met a sister in ward, Bo Government Hospital-Orthopedic  
Rehabilitation centre  
Mr. Emmanuel Gbori, Manager, Gbori Computer training and business Centre

**ANNEX 6 -  
OMEGA IMPACT EVALUATION: LIST OF DOCUMENTS REVIEWED**

James Bell, Team Leader, Peter Coleridge, (September 2004), Africa OMEGA initiative Evaluation, USAID, REDSO, ULWF.

Grant Agreement with VVAF; Pact/USAID Cooperative Agreement no: 623 – A – 00 – 01 – 00017-00; VVAF/Pact Grant Award No.; 02 – OMEGA – 1001; October 1, 2001.

Sudan Evangelic Mission, Rehabilitation of people with disabilities project, Mundri County, Southern Sudan, 2005/2006.

Sudan Evangelic Mission, monthly reports as submitted to Pact 2005/2006.

Sudan Evangelic Mission, (September 2004), application Document.

Sudan Evangelic Mission, (1st February 2005), Grant Agreement of 6th September 2004, Pact/SEM Grant Award No; 05 – OMEGA 1020.

Pact and Afex, (Feb 2003), Application for Rumbek Rehabilitation Project.

Grant Agreement with VVAF; Pact/USAID Cooperative Agreement no: 623 – A – 00 – 01 – 00017-00; VVAF/Pact Grant Award No.; 03 – OMEGA – 1005; 1st September 2003.

Grant Agreement with MCDI; Pact/USAID Cooperative Agreement no: 623 – A – 00 – 01 – 00017-00; VVAF/Pact Grant Award No.; 02 – OMEGA – 1001; October 1, 2001.

MCDI (September 14-19, 2008) Assessment Report, Juba & Rumbek, South Sudan.

MCDI indicators June – August 15, 2009.

MCDI quarterly report April – May 2009.

Workshops and other reports.

James Bell, Team Leader, Peter Coleridge, (September 2004), Africa OMEGA initiative Evaluation, USAID, REDSO, ULWF .

Disabled Organization for Legal Aid Affairs and Social Economic Development , (October 2005), Final Project Report ( September 2004 – November 2005).

Disabled Organization for Legal Aid Affairs and Social Economic Development , (October 2005), Grant Agreement of 6th September 2004.

Disabled Organization for Legal Aid Affairs and Social Economic Development , reports , for the period of September 2004 – November 2005.

Grant Agreement with VVAF; Pact/USAID Cooperative Agreement no: 623 – A – 00 – 01 – 00017-00; VVAF/Pact Grant Award No.; 02 – OMEGA – 1001; October 1, 2001.

APDK, Evaluation of Capacity building for wheelchair services for Persons with disability in Kenya, October 2009

APDK Product Catalogue

Disability Etiquette Handbook, October 2007: City of San Antonio, Texas Planning Department and the Disability Advisory Committee, October 2007, [www.ci.sat.tx.us/planning/disability\\_handbook/disability\\_handbook.asp](http://www.ci.sat.tx.us/planning/disability_handbook/disability_handbook.asp)

Grant Agreements –PACT and Each Grantee organization

Grantee organization Reports – Monthly & Final for each of the Organizations (AIC, APDK, JAIPUR, NARAP, KPDP, KWBF, PCEA) .

Guide to Planning and Evaluating NGO Projects – Project Implementation; small entrepreneurs and savings and credit schemes.

Handicap International, Kenya Disability Directory, 2006

Kenya Demographic Health Survey, Preliminary Results, 2008/09  
Lancet Vol.361, April 2003, pp. 1401-1402; Article titled "HIV and AIDS and People with Disability"  
OMEGA Initiative Program Evaluation TORs  
Progress Reports – Monthly and Final for AIC, APDK, JAIPUR, NARAP, KPDP, KWBF, PCEA  
Project Descriptions – AIC, APDK, JAIPUR, NARAP, KPDP, KWBF, PCEA  
PACT Grant Management Matrix  
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