



## **Final Evaluation of the EU Funded Project**

**“Promoting rights through community action: improved access to inclusive education for children with disabilities”**

**DCI – NSAPVD/2011/246-477**

**Submitted to**

**Leonard Cheshire Disability**

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**January 2015**

## LIST OF ABBREVIATIONS

AD	Assistive Device
AUEO	Assistant Upazila Education Officer
BBS	Bangladesh Bureau of Statistics
CBO	Community Based Organization
CE	Chief Executive
CWD	Children with Disabilities
DPO	Disabled Peoples Organization
DPE	Directorate of Primary Education
DPEO	District Primary Education Officer
ED	Executive Director
FGD	Focus Group Discussion
GoB	Government of Bangladesh
GUK	Gana Unnayan Kendra
HH	House Hold
IE	Inclusive Education
IE Project	Short form of the project “Promoting rights through community action: improved access to inclusive education for children with disabilities”
KII	Key Informant Interview
LA	Local Authorities
LCD	Leonard Cheshire Disability
LGI	Local Government Institute
NAPE	National Academy for Primary Education
NCTB	National Curriculum and Textbook Board
MDG	Millennium Development Goal
NGO	Non-government Organization
MIS	Monitoring Information System
MoU	Memorandum of Understanding
NPA	National Plan of Action
NSAs	Non State Actors
OVI	Objectively Verifiable Indicator
PEDP	Primary Education Development Programme
PNGOs	Partner Non-Government Organisations
PRA	Participatory Rural Appraisal
PTI	Primary Teacher Institute
PWDs	Persons with Disabilities/People with Disabilities
SA	State Actors
SARO	South Asian Regional Office (of LCD)
SGD	Small Group Discussion
SMC	School Management Committee
UEO	Upazila Education Officer
UNCRPD	United Nation Convention on the Rights of the Persons with Disabilities
UP	Union Parishad
VGD	Vulnerable Group Development

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## **Acknowledgment**

We are really thankful to LCD for putting trust on us with the assignment of conducting this final evaluation of the EU funded project. We express our gratitude to Mr. Shivram Deshpande, Manager South Asian Region, LCD for giving us this opportunity to evaluate such an interesting project. We are thankful to Mr. Mahabub Hossain Inclusive Education Manager in Dhaka for extending all out cooperation to the evaluation team. We are also thankful to Claude Cheta and Revati Rugimini for their technical guidance. It was not only interesting to study the Inclusive Education activities but also a good learning experience for the evaluators.

We thankfully acknowledge the required support provided by all GUK officials. We would like to mention the name of Mr. M. Abdus Salam, Chief Executive, for his assistance at the design stage of the evaluation. Mr. S.K. Mamun, Project Manager, deserve our special appreciation and thanks for his constant guidance and assistance during the process of the study and his excellent coordination with the project staff and local authorities for facilitating the organization of FGDs and interviews in a short notice. We thank all the project staff of GUK for their excellent support during data collection by the Field Research Assistants(FRAs).

We are grateful to all the participants of interviews and FGDs including the officials of DPE, NCTB, NAPE and school teachers for their valuable time and patience. The officials of the Department of Social Service and Health deserve appreciation for their cooperation. We would like to thank the parents IERC volunteers, school children, SMC members, Alliance members, Rehabilitation Workers, Extra Tutor and children with disabilities for their cooperation to the evaluation team.

The FRAs did a wonderful job of collecting good quality data from the interview of CWDs. The tireless effort of the data entry operator, Mr. A.K.M Mohibbul Islam, for his wonderful assistance in data entry and analysis. Without his hard work it would have been really difficult to process the data in time.

The Evaluation Team

## Executive Summary

LCD and GUK with the financial assistance of European Union Delegation in Bangladesh have implemented the project titled “Promoting rights through community action: improved access to inclusive education for children with disabilities” in Nilphamari District of Rangpur Division from January 2012 to December 2014. The overall objective of the project was to create an enabling environment for the promotion of inclusive education by working with children with disabilities, their parents, teachers, local schools and the education authorities. The project was designed to build and replicate a successful model for inclusive education by supporting NSAs and LAs.

**The main purpose** of the evaluation was to analyse key strengths, gaps, success and challenges faced by the implementation, identify lessons learned, good practices and formulate recommendations for future projects.

**The evaluation method adopted** both qualitative and quantitative approaches to collect data from primary and secondary sources followings several techniques such as FGDs, IDIs, KII, and structured questionnaire survey of 215 beneficiary children with disabilities. Other relevant techniques such as observation of schools and IERCs, community opinion were elicited from open discussion with community groups and leaders. The study team prepared respondent wise questionnaire and checklists for collecting data. A semi-structured questionnaire was used to collect data from the children with disabilities that contained open ended and close-ended questions. A two stage sampling techniques was followed for selection of primary respondents. At the first stage 25 schools were randomly selected from the list of project schools. In the second stage target number of children with disabilities was selected from the periphery of selected schools covering all types of disability.

**This evaluation is not without its limitations.** The evaluation started in the second week of December 2014 when final examination was started and class activity could not observed directly which could have added further value to the evaluation. Moreover, Many of the data collected in the baseline are not truly comparable as the baseline did a complete census school going age (4-14 years) CWDs whereas this evaluation collected data only of the 215 sampled beneficiary CWDs out of the 2128.

**The evaluation findings are summarized on the basis of following evaluation criteria:**

### Relevance

The project was coherent with the constitution, national education strategies and policies of Bangladesh. The project used diversified approach for identifying the most vulnerable children with disabilities, including those with hidden disabilities of school going age (4-14) through household enumeration, collecting information from local government office and community consultation.

The project was appropriate to response to the critical needs of children with disabilities. The evaluation found that only 12% of children with disabilities were enrolled in the primary school before the action started and this happened primarily because of the complete lack of awareness of the community and negative perception and attitude of teachers that children with disabilities are not worthy of schooling. Lack of physical access, education materials, assistive device, transportation facilities, and training of teachers of the mainstream schools were also responsible for low enrolment. All these barriers were removed through project interventions by increasing physical access to 85 schools, providing necessary assistive device, educational materials, establishing inclusive education resource centres, providing IE training to 403 mainstream school teachers, forming parents group, child to child club, and alliances and made 85 schools fully accessible that facilitated the enrolment of 2128 CWDs.

Empowerment and non-discrimination were among the foundation concepts. The action followed participatory approach in its methods and people with disabilities, their parents, communities, teachers, local government institutions and DPOs were actively involved. Children who were left out of the larger democratic processes were able to participate in the school and co-curricular activities that paved their way of socialization and empowerment ensuring the rights of children with disabilities. Empowerment and non-discrimination were among the foundation concepts on which the action was built and were therefore integrated to its design and success.

### **Efficiency**

The project delivered the most of the expected output within the specified timeframe successfully. However, the delivery of some of the outputs and activities were delayed for various reasons i.e. getting project approval from the NGO Affairs Bureau, staff recruitment, appointment of consultants, doing advocacy at the central level, initiating activities according to the planned timelines, arrangement of transport. Two major activities such as the conduction of the baseline survey and a mapping exercise to document organization and services working on disability and/or inclusive education was planned during the beginning of the project but was also delayed by 1.5 years. The detail about the quality of the baseline and that of the mapping can be found under 'Efficiency' section of the report. Many of the national level activities were not also clearly articulated in the project planning and as such were delayed. For instance national level advocacy which should have been done in the first year was also delayed. Even after all these delay the project was finally successful in accomplishing some important activities including holding the national level learning sharing workshop and handing over some policy recommendations based on project experience to the highest level of policy makers, the Minister for Primary and Mass Education. This is indeed a great achievement. LCD continuously and consistently provided technical support at all stages from the conceptualizing and designing of the project proposal in the initial phase to the delivery of quality output till the end of the project. To ensure smooth implementation and monitoring, LCD appointed one Inclusive Education Program Manager to provide support to GUK from the mid time of the project. LCD London office maintained regular correspondence and good relationship with the donor ensured smooth fund flow. The financial systems were closely monitored and guided by the Finance Manager of LCD SARO.

The project also achieved some unintended outcome. GUK was successful to sensitize NETZ to initiate Inclusive Education in other remote areas and NETZ initiated a project with 30 schools in Gaibandha, Kurigram and Nilphamari districts. The Department of Women Affairs started to organize adolescent girls and it depended on the existing groups formed by GUK instead of forming new groups. Following request from the government, GUK arranged a TOT on Inclusive Education for Primary Education Directorate Officials at GUK training center during 08-12 December 2014, which was not a planned activity of the project, but it would help in promotion of inclusive education in Rajshahi and Rangpur division and also the linkage of GUK with DPE.

### **Effectiveness:**

The action made highly satisfactory progress against all the planned output and in some cases the progress was more than 100 % (for detail see Table4 in page 21 & 22).

The first specific objective of the project was to enroll and retain 2,100 children with disabilities in 100 mainstream schools. The project enrolled 2128 children with disabilities in 262 schools of which 2039 CWDs were retained till the end of the project. The number of schools was increased due to unavailability of target number of children with disabilities in the targeted 100 schools.

To fulfil the second specific objective, the project successfully trained 402 mainstream primary school teachers against the target of 300, 100 leaders of parents group, 100 facilitators of child-to-child clubs, 13 education and social service officials and 45 health workers and 50 NSAs.

As per the third specific objective, a total of 85 mainstream primary schools were made physically accessible instead of project target of 50 schools. 2128 children with disabilities were provided necessary support to improve health, education and functional abilities through making linkages with NSAs and LAs. To achieve the fourth specific objective, the project produced brochures, reading-showing & touching books, installed billboards and TLM kits distributed to schools. All the IEC materials helped in sensitising the community raised awareness. To fulfil the fifth specific objective, the project shared UNCRPD articles with teacher, parents, education officials, UP Chairmen, during training, meeting and workshops. As per the sixth specific objective, the project developed training manuals on Inclusive Education, reviewed primary education curriculum, primary textbooks and teacher training curriculum and shared with respective higher level authorities. Following the seventh specific objective, the project shared the learning and best practices through media coverage, workshop and meeting at local and national level with relevant stakeholders. The project data at the end of the project shows that most of the Objectively Verifiable Indicators (OVIs) under the results have been achieved (see Table 3 for detail ).

The LAs and NSAs capacity building and mobilisation affected the demand and quality of education for children with disabilities positively. They became aware of the importance of education for children with disabilities in an inclusive environment. The teachers are supportive and most of the community people are aware and encouraging parents to send their children with disabilities to schools. Child to child club members has also shown positive attitudes and cooperation for their friends and classmates with disabilities. Local government, school authority and community became sensitized to understand the importance of inclusive education.

Accessibility in the school environment such as ramps, accessible toilets and seating arrangements has increased their attendance in the school campus. The parents found much effective to change the community attitudes. The Children Club members help children with disabilities to come to the club, participate with them, help them to reading and writing, playing & singing together. Thus, they become friends and do mutual cooperation. They mentioned that they learn here to help each other in all activities. A number of activities carried out such as providing training to the primary schools teachers on inclusive education including basic concept of disability, training to the parents and caregiver on the basic concept of disability and ADL, establishment of IERC, involvement of parents, mutual cooperation among teachers, parents and other stakeholders, extra-coaching, etc. were found to work well in this regard.

## **Impact**

The project has ensured education of children with disabilities with other children in the mainstream schools and it has also changed their attitudes and raised awareness among the community to ensure their rights. Therefore, the project made significant impact in the society to ensure equal rights of the children with disabilities through their active participation.

The project has made attitudinal change among the parents, teachers and community. Before the project many people use to tease and laugh at them. But now it has reduced. The schools teachers said that before receiving the training they thought it was impossible to teach children with disabilities with other children in the mainstreaming schools.

It is expected that the state services will cope with the increased demand generated by the project, as the government has planned to bring children with disabilities into the mainstreaming schools. The

government has taken some positive initiatives under PEDP-III and allocated 50,000 taka for each upazilla to provide assistive devices for the children with disabilities.

The project interventions resulted in some unexpected positive changes in the life of children with disabilities. The children with disabilities have been immensely benefited through this project. Evence shows that 70.7% of CWDs would never or had hardly been enrolled into school had there been no project support. Friendship among the children with and without disabilities has developed significantly.

### **Sustainability**

The project worked with mainstream primary education programme and whatever the project has contributed is likely to largely benefit the primary education system and the families and CWDs. The most important achievement of the project as acknowledged by most of the stakeholders that the project has been able to create awareness among parents, community people and teachers that children with disabilities can be enrolled into mainstream education. This impact is likely to continue for years to come. The teachers, who received training on IE from the project is highly likely to be positive to enroll children with disability into the mainstream education. The building of infrastructure to increase physical access to 85 primary schools, the trained teachers who would continue to work in the system, the rehabilitation workers who are mostly family members of the CWDs will be there to benefit the CWDs. In spite of many good things and practices delivered by the project, some children from vulnerable families who had been receiving, transportation allowance may not be able to continue after the withdrawal of project support. A major weakness of the project in respect of sustainability is that the project did not devote any time or effort for developing strategies for sustainability of results. Almost all of the stakeholders emphasized on further extension of the project for another three to five years in order to leave greater and long lasting impact on the community.

This has been acknowledged to be a unique model of integration and inclusion by preparing the child, the family and the school. CWDs, their families, school teachers, Extra Tutors, Rehab Workers, IERC Volunteers, Alliance members, local health and social service staff - all have been directly or indirectly benefited from the project and regretted its short duration. It has been undoubtedly and empirically evidenced through this project that children with disabilities could be involved into the mainstreaming education, if their abilities and potentials are properly assessed and they receive appropriate support, cooperation and guidance. But there was a need to continue the effort of awareness building for longer a period. If the project received support for at least five consecutive years all stakeholder would have the opportunity of observing the real final outcome of at least one cohort of CWDs studying from grade I to V.

**Conclusion:** The project has been acknowledged to be a unique model of integration and inclusion by preparing the child, the family and the school. CWDs, their families, school teachers, Extra Tutors, Rehab Workers, IERC Volunteers, Alliance members, local health and social service staff - all have been directly or indirectly benefited from the project and regretted its short duration. As far as the quantitative target of the project is concerned the project has successfully delivered its output. However, it is difficult in a short time bound evaluation to perfectly judge the quality of deliverables and the appropriateness of their process. With 262 schools the average number of school per CT is 26.2 the load varying from the lowest number of 15 school to the highest number 28. This hardly allows most of the CT to visit one school per month, leave aside the looking after other activities such as attending the parents group meeting, the child to child club meeting, Alliance Group meeting, visiting the IERC, overseeing extra coaching activities, interacting with parents at the household level, contacting the LAs, the local government, number of NSAs to liaison with. The resource allocation and budgeting were not properly planned at the beginning for which alignment of line items failed to allocate resources efficiently and

proportionately. This is indicative of GUK's weakness in making proper estimation at the formulation stage. This should have been sorted out at the project development stage on the basis of field experience. This has also led to disproportionate balance between quantitative and qualitative achievements. Avoiding accumulation of unspent money at the end of each quarter needed proper programme planning and better coordination between programme and finance. The establishment of the IERC was considered to be a vital and effective input from the project. As these IERCs were useful in increasing the functional ability of the children with disabilities a mechanism should have been developed to keep them running. In this case strategy for sustainability should have been developed at the very beginning of the project.

### **Important lessons learned**

- The most important learning from this project is that it is possible to teach children with disabilities with the effective training of existing mainstream school teachers. As the project was a piloting or experimentation only in one district, the lessons learnt should be up taken by DPE to validate the model's expanded replication.
- The project was successful in creating an environment of participation of parents, teachers, community people and local authorities in promoting the concept of rights of people living with disability. However, the period of three years is too short to sustain the long term effectiveness of the project as the jolt created to bring social change is highly likely to lose momentum with the cessation of the project support.
- If CWDs are assessed properly focusing on their abilities/capabilities, are provided with transportation, education materials and IERC made available at their door step, most children with disabilities will be able to cope up with the mainstream education. The key lesson here is that inclusive education could be implemented easily with backup support through rehabilitation and other services.
- Although many of the government primary schools had built ramps, those were not physically accessible as the height, slope and width were not up to the standard to facilitate physical accessibility. This identification is a great learning for the mainstream primary schools so that all future ramps are built taking these into consideration and public resource is not wasted in vain.

### **Recommendations**

- The conduction of baseline survey was delayed almost one and half year such delay is likely to have might be confounding effect on the achievement of the intervention assessed during the end evaluation. Baseline should always be conducted before the initiation of the intervention.
- The project missed to provide training SMC, UEO and AUEO which would have made the collaboration more effective. During future programme GUK should consider this missed opportunity as a lesson learnt and should avoid such kind of gap to ensure better collaboration.
- GUK should uphold the lesson learned from the project and should replicate the learning in other education projects. GUK should follow up with the Ministry of Education to ensure that the policy recommendations do not remain bound in the red ribbon and are executed for the promotion of inclusive education.
- As the training of teachers on IE organized by LCD-GUK was very effective and there was large scale demand for such training at the field level, government should involve GUK and take the services of similar NGOs to train the teachers of the mainstream primary schools.

## 1. Introduction

The final Evaluation Report is divided into three sections. This first section provides general background of the Inclusive Education (IE) project, purpose of the evaluation, project implementation setup, partners/stakeholders and evaluation methodology. The next section dwells on findings from the reports and from interactions with stakeholders. In the third section, conclusions from the observations and findings are discussed in the context of project objectives. These also pertain to sustainability and replicability of the project and lessons learnt. This section also provides generic recommendations for the direction for action for further improvement of IE.

### 1.1 Background of the project

Leonard Cheshire Disability (LCD) has been supporting the project “Promoting rights through community action: improved access to inclusive education for children with disabilities” and implementing the project in partnership with Gana Unnayan Kendra(GUK) in Nilphamary district from 1<sup>st</sup> January 2012 to 31<sup>st</sup> December 2014. The project was financed by European Union and LCD. LCD had contributed 25% of the total EUR 1,046,844. Beyond this financial contribution LCD had been intensely involved in the implementation process from beginning to end and provided various types of technical and capacity building support to GUK.

The overall objective of the project was to create an enabling environment for the promotion of inclusive education by working with children with disabilities, their parents, teachers, local schools and the education authorities. The action worked towards an inclusive and empowered society where all children with disabilities enjoy their right to education on an equal basis with others, by supporting Non States Actors (NSAs) and Local Authorities (LAs) to build and replicate a successful model for inclusive education.

LCD’s South Asia Regional Office (SARO) has been instrumental in implementing inclusive education initiatives with its partners in different parts of India, Sri Lanka, Bangladesh and Pakistan over many years. The experience gained during the implementation of these initiatives has given it the capacity and expertise to scale up its interventions to support a larger number of children with disabilities in accessing quality inclusive education. Its previous work and investment in building strong relationships with LAs and NSAs also contributed significantly to implement the action. That experience helped to demonstrate the benefits of inclusion at a higher level in order to create institutional, systemic and policy change as broadly as possible in Bangladesh. The action was conceptualized and designed with this background in mind.

The literacy rate in Bangladesh was less than 56%, as recognised in the EC’s Bangladesh Country Strategy paper. The educational status of children with disabilities is significantly worse than that of other children due to the attitudinal, institutional and environmental barriers that they face in day to day life, with the general education system not adequately equipped to deal with the specific issues and concerns of children with disabilities. Drop-out rates are high and there are concerns over the quality of education that is received, even where enrolment rates are good.

Nilphamari is one of the poorest districts in the northern zone of Bangladesh and also one of the low literacy rates compared to many other districts of the country, with a worrying gender disparity in literacy rates (33% for men and only 17% for women). Every year the vast tracts of cultivable lands of

Jaldhaka, Dimla and Kishoreganj Upazila are flooded causing heavy losses of crops due to flowing of the Teesta River throughout the District, and many of the poorer people in this area cannot meet their basic needs. At the same time, 100,000 Urdu speaking people who have migrated from Bihar of India are living in Saidpur and Nilphamari Sadar Upazila with a high prevalence of disabilities due to the lack of access to safe drinking water, poor sanitation, inadequate housing and an unhygienic environment. As a linguistic minority, even the non-disabled people among them can be denied their right to education, while the situation of children with disabilities in this group is even more complex and difficult.

Despite these real and serious concerns, it must be noted that in many ways Bangladesh has a good basic environment and institutional structure within which to work for the achievement of universal primary education. PEDP II specifically acknowledges and aims to address the weaknesses of the strategy, including the failures with regard to marginalised groups, and is itself a clear sign of the country's substantial investment in and commitment to primary education. It was essential at that crucial moment, when there is a potentially once-in-a-lifetime level of new investment, that the opportunity was taken to ensure that children with disabilities are adequately represented and accounted for in the investment process. To do this, it was essential to work closely with NSAs and the relevant authorities, and to build real models of inclusion on which to base advocacy.

The basic structure of Bangladeshi primary education starts at the primary school headed by the Head Teacher, who reports to the Assistant Upazila Education Officer (AUEO), supervised by Upazilla Education Officer (UEO). The UEOs report to the District Primary Education Officer (DPEO). At the national level, Director General (DG) of the Directorate of Primary Education (DPE) reports to the Secretary of Primary and Mass Education, who is supervised by the Minister of Primary and Mass Education (MoPME). There is an Inclusive Education Cell at DPE. The Primary Teacher's Training Institute (PTI) is functional at the District level and facilitates development of professional teacher through offering of Diploma in Primary Education (DPED). At the upazila level Upazila Resource Center is responsible for providing need-based in-service training for professional development. It is essential to work in a collaborative way with these target groups, many of whom have the resources and influence but lack the knowledge or motivation to act decisively to bring about inclusive education for children with disabilities.

The action was executed in Dimla, Domar, Jaldhaka, Kishoreganj, Nilphamari Sadar and Saidpur upazilas in Nilphamari District of Rangpur Division. It was designed through a consultation process based on the responses of children with disabilities and their parents and with other relevant stakeholders. Their views reiterated what LCD had found in its project areas around the world, which was that people with disabilities face severe and systematic exclusion which can be redressed through improvement of access to education and sustainable livelihoods opportunities. It is well known that the chances of exclusion and deprivation for children with disabilities are at least as great as, if not higher than, any other excluded and marginalised group. Gaps in policy implementation, inadequacies in systems and structures, a lack of adequately and appropriately trained human resources, and the negative attitudes of many community members have significantly contributed to the exclusion of children with disabilities from education. The action was specifically designed to address these issues.

The first hand experience of Gana Unnayan Kendra (GUK) was considered as a strength for designing the action and for selecting GUK as the key implementing partner to make full use of GUK's experience of working across the district with civil society organisations and state agencies. GUK had conducted a sample needs assessment of children with disabilities (CWDs) which clearly revealed the priority of children with disabilities and their parents for accessing quality primary education in inclusive settings. The same groups also placed high priority on rehabilitation to improve the functional abilities that would significantly contribute to enable CWDs to access education. GUK had closely worked with Upazila and

the District Primary Education Office and sensitized the concerned officials about the needs and issues concerning CWDs and inclusive education.

The project was also designed to bridge the gaps in systems, structures and policy implementation in the local context taking into account the probable risks of flood and other natural disasters that might hinder the process. All the six sub-districts have sub-district level implementing structures to promote education and this action closely worked with those to equip them with appropriate attitude, knowledge and skills so that they could contribute to the education of CWDs. The policy framework is there and the PEDP-III clearly stated that measures must be undertaken to ensure inclusion of children with disabilities in education. This action was designed to support the LAs to implement these commitments in partnership with NSAs.

### **Budget of the Action**

Total eligible cost of the action(A)	LCD contribution	EU contribution
EUR 1,046,844.	€ 261,711	€ 785,133

The project was designed to build and replicate a successful model for inclusive education by supporting Non State Actors (NSAs) and Local Authorities (LAs).

The **specific objectives** of this initiative are:

1. To ensure that 1,200 children with disabilities are enrolled and retained in 100 mainstream schools in the selected project location, in support of MDG 2.
2. To ensure the provision of quality inclusive education through capacity-building of key stakeholders including parents and teachers.
3. To ensure barrier-free access to education and to the necessary accompanying health & rehabilitation services, through linkages with LAs, NGOs and civil society organisations.
4. To create a knowledge base and facilitate linkages in order to support collective actions of a larger alliance of NSAs.
5. To ensure the effective implementation of Articles 7, 24, 25 and 26 enshrined in the UNCRPD through mobilisation, partnership development and alliance building processes.
6. To amplify the voices and capacity of NSAs such as civil society agencies, community based organisations, interest groups, human rights networks/movements and groups of disabled people and their parents, through the interface with education, health care, local authorities, local governing and disability welfare systems, in support of the delivery of effective inclusive education.
7. Share best practice and learning with key stakeholders, locally, nationally and internationally.

To achieve this objective the project targeted about 2100 selected CWD in the working areas. As the project ended in December, 2014, LCD planned to conduct an end of the project evaluation in order to assess progress towards the achievement of project objectives.

### **1.1 Purpose and objectives of the evaluation**

This evaluation is conducted at the end of the implementation phase to assess progress towards the achievement of project objectives. The main purpose of the evaluation is to analyse key strengths, gaps,

success and challenges faced by the implementation, identify lessons learned, good practices and formulate recommendations for future projects. The assessment will be based on the following evaluation criteria: relevance, efficiency, effectiveness, impact learning and sustainability (evaluation questions are available in detail in the ToR in annex).

Lessons learned from this evaluation will be used to design better inclusive education programmes in the future. Project successes will be documented as best practice and shared internally with other LCD programmes and externally to demonstrate the relevance and effectiveness of LCD's approach to inclusive education.

### **1.3 Evaluation methods**

#### **1.3.1 Sources of data collection**

Based on the evaluation questions the study adopted both qualitative and quantitative methods to measure the relevance, effectiveness, efficiency, impact and sustainability of the project implemented by LCD and GUK. Data collected from both primary and secondary sources.

- a) **Primary Sources:** Data collection respondents included direct beneficiaries (CWD), their parents, teachers, Rehabilitation Workers, child-to-child club members, IERC volunteers, Extra Tutors, project staff, LCD officials, GUK senior management team members, UP chairman, NGOs, SMCs and officials of relevant departments at district and upazila level. At the central level Key Informant Interviews were conducted with Directorate of Primary Education Officials, National Curriculum and Textbook Board Officials, National Academy for Primary Education Officials.
- b) **Secondary Sources:** The secondary data were collected through documents surveys including project proposals, project log frame, baseline survey, monitoring reports, mapping report, other reports, assessment forms, periodic reports, different registers and project reports, booklets, planning documents and journals, case studies of CWDs. and related qualitative and quantitative project data. Other relevant information were collected to address the requirement of ToR of the evaluation study such as Primary teachers training curriculum review documents, primary textbooks review document and teachers training curriculum documents etc.

#### **1.3.2 Methods and data collection approach:**

Both quantitative and qualitative data were collected through primary and secondary sources following several techniques such as Focus Group Discussions (FGDs), in-depth interviews (IDIs), Key Informant Interviews (KII), and structured questionnaire survey of CWDs. Other relevant techniques such as observation of schools and IERCs, community opinion were elicited from open discussion with community group and leaders. The study team prepared respondent wise questionnaire and checklists/guidelines for collecting data. A semi-structured questionnaire was used to collect data from CWDs that contained open ended and close-ended questions.

#### **1.3.3 Sample selection:**

For selection of primary respondents a two stage sampling techniques was followed. At the first stage 25 schools were randomly selected from the list of project schools. In the second stage target number of CWDs selected from the periphery of selected schools. So for the random selection of primary target group the following sampling was done:

**1.3.4 School sampling:** In this study total 262 "school" is treated as population. In the technical proposal the evaluation propose to select 25 (10%) schools. These schools were proportional to the

number of schools in each of the six upazilas of Nilphamari district. Therefore allocation of schools was determined as per sampling fraction, such as-

$$n_i = n/N \times N_i \quad (i=1,2,3,4,5,6)$$

Distribution of the number of schools per Upazila as follows:

Sl. No	Name of Upazila	Number of School/Population	Sample no of Schools
1	Domar	28	3
2	Dimla	56	6
3	Joldhaka	52	5
4	NilphamariSadar	48	5
5	Kishorgonj	58	5
6	Sayedpur	20	1
	Total	262	25

**1.3.5 CWDs Sampling:** In this case, CDWs under school was treated as population. Sample Size (n) was determined in 10% of enrolled 2128 CWDs in the schools. So sample size was 215, which were allocated in the 25 schools. In the study each Upazila under project interventions was considered as stratum. Total sample (215) was distributed proportionately in each of the Upazilas. It may be mentioned here that ratio analysis was applied for types of disability and gender issues in the sampling distribution. Followings are the pen pictures of sampling distribution in consideration of CWDs as per Upazila, types of disability and gender issues:

#### Upazila Based Sampling Distribution

SI	Name of Upazila	Hearing & Speech			Physical			Visual			Intellectual			Multiple			Grand Total		
		B	G	T	B	G	T	B	G	T	B	G	T	B	G	T	B	G	T
1	Domar	5	1	6	3	1	4	2	2	4	1	1	2	2	3	5	13	8	21
2	Dimla	9	4	13	9	8	17	2	0	2	7	4	11	2	1	3	29	17	46
3	Joldhaka	4	5	9	8	4	12	1	1	2	6	8	14	1	2	3	20	20	40
4	NilphamariSadar	5	3	8	6	5	11	4	3	7	7	2	9	6	3	9	28	16	44
5	Kishorgonj	6	6	12	8	5	13	2	2	4	3	2	5	1	3	4	20	18	38
6	Sayedpur	4	3	7	4	2	6	4	2	6	4	1	5	1	1	2	17	9	26
Total		33	22	55	38	25	63	15	10	25	28	18	46	13	13	26	127	88	215

Considering viability of survey conduction Key Informant Interview was carried out on simple random and purposive basis. Focus Group Discussions were conducted with (8-12) homogenous participants at field level with various stakeholders groups. For KII and FGDs attempt was made to cover almost all the stakeholder group. The following table shows the various stakeholder group with whom the KII and FGDs were conducted.

Stakeholders	Instruments	Methods	Sample as per Upazila					
			Domar	Dimla	Jaldhaka	Sadar	K.Gonj	S.Pur
CWDs Interviews	Questionnaire	IDI	21	46	40	44	38	26
Teachers	Checklist	FGD	-	1	-	1	-	-

Parents Groups	Checklist	FGD	1	2	1	1	1	1
Alliance Group	Checklist	FGD	-	-	1	-	-	-
Child-to- Child Club	Checklist	FGD		1	1	1	-	-
Upazila Education Officials	Checklist	KII	-	3	-	-	4	-
Rehabilitation worker	Checklist	FGD	1	-	-	-		
Extra tutor	Checklist	FGD					1	
Union Parishad	Checklist	KII	-	1	-	-	1	1
IERC Volunteers	Checklist	FGD	1					
Meeting with NGOs	Checklist	KII	1 person, Coordinator RDRS, Nilfamari					
Project staff	Checklist	FGD	1					
SMC	Checklist	SGD	1					
DG NAPE	Checklist	KII	1 person					
NCTB Chairman	Checklist	KII	1 person					
DPE IE Cell	Checklist	KII	2 person					
DPE O	Checklist	KII	1 person					
LCD Officials	Checklist	KII	2 persons					
GUK Headquarters	Checklist	KII	3 Senor Officials					
DD social welfare	Checklist	KII	1 person					
Parents+ CWDs	Checklist	Case Study	Cases will be selected following snowball techniques of purposive sampling in the project area					
Total: IDI= 215 KII=22 FGD=20 SGD=1								

### 1.3.6 Quality control mechanism and accommodating feedback:

Analyzing strength, weakness, opportunity and constraints of field work, many interesting issues or information came up, those were duly incorporated in the report through ensuring validity of the information. To ensure quality data, the following measures were taken:

- Training for data collectors and supervisors on ethics and method of data collection including best possible quality data collection and measures to minimize non-sampling errors;
- In-built mechanisms in the checklist/schedules to cross-check consistency of the responses;
- Probing techniques to ascertain the appropriateness/relevance and consistency of answers, and wherever necessary elaboration of answers;
- A Research Officer was deployed to supervise the work of the data collectors;
- Random check on the work of the data collectors;
- Edition of filled questionnaires every evening to find out the omissions, non-response, and irrelevant answers;
- Feedback by supervisors and solution to bottlenecks, as and when arisen.
- Triangulation process (Primary, secondary and key informants) would be applied for quality as well as validity of data.

### 1.4 Limitations of the evaluation study

This evaluation is not without its limitations. The evaluation started in the second week of December '14 when final examination was started and class activity could not be observed directly which could have added further value to the evaluation. A second attempt was made at the end of December when the school reopened where the school was busy for the publication of final examination results and book distribution of the new academic year. So the classroom activities could not be observed. More over the

project office completely closed on 31<sup>st</sup> December'14 and after that project staff were not available in the project area.

Many of the data collected in the baseline are not truly comparable as the baseline collected data of beneficiary and non-beneficiary 2414 CWDs of the school going age (4-14 years) where as this evaluation collected data is only on 215 beneficiary children out of the 2128 beneficiary CWDs. The baseline collected data not on a sample basis but made a census or total count of all the available disable children of age group 4-14 years in the project area. The end evaluation is based on a sample survey of 10% of beneficiary CWDs and many questions asked in the baseline were not included in the end evaluation considering their lack of relevance. This and also because of the difference of population size and in the questionnaire survey some indicators may not be comparable. To maintain the proportion of disability the evaluation compromised to maintain gender ratio.

## 2. Findings

### 2.1 Relevance:

- *Is the project coherent with national education strategies and policies in Bangladesh?*

The education policies, constitution and legal framework of Bangladesh support inclusive education. The National Constitution of Bangladesh itself obligates the government to respect rights equally and without bias, and contains a specific mention of disability. Bangladesh has a reasonably well-established legislative and policy framework within which to promote and protect the right to education of children with disabilities, including the Disability Welfare Act (2001), the five-year National Action Plan on Disability (2006). Bangladesh has ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD-2007) and its Optional Protocol (2008). The commitment of Bangladesh is also reinforced in the Disability Rights and Protection Acts (2013) and Neuro Developmental Disability Protection Trust 2013. The education policy calls for primary education that is universal, compulsory, free and inclusive-meeting at least minimum acceptable standards for all. Inclusive education for children with disabilities was first introduced under PEDP-II, issues of inclusion and equity were addressed under component four: *improving and supporting equitable access to quality schooling*, only minorities of children with relatively mild disabilities were accessing mainstream schools. The main objective of the Third Primary Education Development Programme (PEDP-III), a five year sector wide program covering Grades I through V and one year of pre-primary education, was to establish an efficient, inclusive, and equitable primary education system delivering effective and relevant child-friendly learning to all children from preprimary through Grade V primary. The sub-component 2.1.3 titled 'Mainstreaming Inclusive Education (IE)' addresses the particular needs in formal schools of tribal children, ethnic minorities, children with learning disabilities, and disabled children. The intention is to create an inclusive culture based on the principle that all learners have a right to education irrespective of their individual characteristics or differences. Some barriers, such as those relating to making schools physically accessible, were relatively straightforward to identify and overcome.

The World Declaration on Education for All, adopted in Jomtien, Thailand (1990), sets out an overall vision: universalizing access to education for all children, youth and adults, and promoting equity. This means being proactive in identifying the barriers that many encounter in accessing educational opportunities and identifying the resources needed to overcome those barriers. The Dakar Framework for Action adopted a World Declaration on Education for All (EFA) in 2000, which established the goal to provide every girl and boy with primary school education by 2015. It also clearly identified Inclusive Education (IE) as a key strategy for the development of EFA. The Salamanca Statement and Framework for Action endorsed by 92 governments and 25 international organizations at the World Conference on Special Needs Education, June 1994 in Salamanca, Spain proclaims that every child has unique characteristics, interests, abilities, and learning needs. The commitment of Bangladesh is reflected through the UDHR, ICESCR and UNCRPD.

The challenges does not lie in supporting and ratifying legislative framework but to ensure that non-state actors are in a position to push the government to live up to these promises and prioritise measures to address the particularly extreme poverty and marginalisation faced by people with disabilities. To do this they need to become a better-organised and more effective voice and also effective models with which to push for adoption and replication by the state. As things stand, the non-existence of replicable models, inappropriate curricula, inadequate assessment systems and

inappropriate teaching methodologies are some of the key specific issues that result in the lack of inclusive education for children with disabilities in Bangladesh. Bangladesh is also committed to achieve Millennium Development Goal(MDG) for ensuring education for all and this action is in alignment with this commitment delivered by supporting NSAs and LAs to ensure effective delivery of inclusive education services.

- *What approach did the project use to identify the most vulnerable disabled children, including those with hidden disabilities?*

The project has successfully targeted the most deprived poor communities in Nilphamari districts in northern Bangladesh. This area is considered as one of few deprived and poverty prone area of the country characterized by income poverty, lack of adequate government services and above all high rate of illiteracy 33% for men and only 17% for women, (ref-project document page 19), drop out and gender inequality. Most tragic is that due to the financial costs associated with education, families often choose to send a boy to school rather than a girl. Child labour is also very common in this area. Girls with disabilities in particular are often engaged in household chores such as looking after their siblings, doing household work and rearing animals.

The project uses diversified approach for identifying the most vulnerable disabled children, including those with hidden disabilities of school going age (4-14), a needs analysis, classification, processing of data and creation of a functional database for planning purposes. It also assessed individual needs, and provision of health and rehabilitation support or referrals to NSAs or government so that the children are better equipped to take part in inclusive education.

GUK officials visited district primary education office, district social service office, upazila education office but none could help properly due to lack of information and data about the CWDs. Then the community trainers of the project visited Union Parishad, which is the local government set up, several times to obtain information to identify family and children with disability. Following that focus group discussions were conducted at the community level that further helped to identify the village and the schools to be selected for the project.

At the final stage of the identification of the vulnerable disabled children a comprehensive survey was carried out in order to identify the primary target group of children with disabilities who were of school going age (between 4-14 years) within the target communities. That was essential because often children with disabilities are kept at home and are not visible within their society without making specific outreach efforts. It was achieved using a combination of key informant surveys, Rapid Rural Appraisals, door-to-door surveys and reviews of secondary data. A specific format was designed for data collection which was used by the implementing team. That enabled the implementing team to clearly identify the primary stakeholders and plan the direction of the action to achieve the stated objectives in the project. It also carried out capturing baseline survey against which to measure the achievement of the project. The following approach was adopted to identify the most vulnerable disabled children including children with hidden disabilities.

Individual Needs Assessment: A thorough needs assessment was conducted for each and every identified disabled child in order to assess their specific needs with regard to education. That enabled the implementing team to understand more fully the condition of children with disabilities and their families in the target areas identify their specific needs that helped to prepare a comprehensive plan to match those needs and to ensure the successful achievement of the project's objectives. Many community trainers however reported that they were not fully confident about the quality of assessment of the level of disability because there was no proper guideline for such assessment. This is

indicative of the need for developing a standardised guideline and providing training to the personnel concerned for proper assessment.

**Data analysis and processing:** The collected data was classified, tabulated and processed in order to facilitate the planning process and provide a database for the project. An effective Management Information System (MIS) was established to update data on a regular basis. Individual intervention plans were drawn up by the Community Trainers to initiate appropriate interventions. The assessment and individual plan was conducted by the Community Trainers.

**Facilitating clinical assessment:** Identified children with disabilities underwent clinical assessment with the support of experts, such as the Physiotherapist, Speech Therapist and Special Educator, according to the needs of each child. Ongoing support was based on the assessment reports. In line with this, comprehensive rehabilitation services were made available through linkage building and forging partnership with other agencies for 2128 children with disabilities. The services included assistive devices, surgery, therapy, medication, etc. It helped the children with disabilities to enhance their functional abilities and prepare for inclusive education. It was coordinated by the technical team of experts (Special Educator, Speech Therapist and Physiotherapist).

- *Did the project activities appropriately respond to the critical needs of children with disability? How were disabled children involved and empowered by the process?*

The baseline report revealed that the children with disabilities remain excluded from the mainstream education mainly due to poverty, as parents were not in a position to bear the additional expenses required for their education, treatment and arranging devices. Lack of awareness of parents, attitude of parents, communities, teachers and lack of peer supports were largely responsible for the low enrolment of CWDs. This action however created an environment by providing assistive device, transport support, educational materials, creating opportunities for treatment and rehabilitation support. All these had a tremendous effect on the outcome of the project as has been revealed by the survey of the CWDs in this evaluation. Of all the currently studying 215 CWDs interviewed in the survey the only 12% were enrolled in the primary school before the action started while the remaining 88% got enrolled after the project intervention. The action was designed to address disabled children's need to become better-organized and more effective model with which to push for adoption and replication by the state. The action firstly addressed the need for education as a fundamental human right and a key government service that needs to be effectively delivered, and secondly the need to reduce the poverty and marginalization which are often most severely felt by those in flood-affected areas. The action was aimed specifically at people with disabilities, who are particularly severely affected by these problems. The action directly addressed this by targeting 100 schools which was then extended to another 162 schools to build a replicable model of accessibility and inclusion, and by devoting substantial resources to building NSA alliances and strengthening the capacity of LAs and NSAs to fulfill their crucial and complementary roles as change-makers in the pursuit of inclusive education for all children in Bangladesh. Based on previous experience, the action had incorporated many of the lessons learned into it, which includes the formation and capacity building of the Parents Groups of children with disabilities which is an essential component of ensuring sustainability of the action. It worked with local communities and NSAs to create inclusive mainstream schools with the involvement of parent and community, improved facilities, enhanced teachers capacity, and changed the social environments where children with and without disabilities learn and play together, building integration and raising aspirations and confidence. These model schools provided a positive example to other schools and provided a basis for learning and advocacy by NSAs. Experience has shown that other school leaders in the local area are typically keen to adopt what they can for their own schools. National level government officials visited these schools,

observed what an inclusive school looks like and the project demonstrated the various positive outcome of inclusion education on all children, not just those with disabilities (for example, inclusive education produces a more child-friendly and child-focused environment, results in improved teaching, and generates better parent and community involvement, all of which benefit all children).The action worked closely with LAs and NSAs to ensure that the lessons were taken on board by the primary duty bearers within government, so that they can fulfill their stated commitments towards children with and without disabilities on a larger scale. It also supported NSAs directly to build alliances and improved their capacity to take on the projects goals in the longer term.

The evaluation team found that the projects enrolled 2128 children with disabilities in 262 government primary schools in the working areas and provided necessary assistive device, educational materials, established inclusive education resource center, and made considerable number of schools fully accessible. They were unheard, unseen and unaccounted for in the larger democratic processes. Their absence in the democratic decision making process strongly restricted them from participating in the school and co-curricular as well as social activities which was largely improved through this action.

In this way the action met the essential needs and constraints expressed above: the need of children with disabilities to receive inclusive education in line with their established rights and the need. As an NSAs GUK's capacity was increased to move this agenda forward in line with existing government commitments and the ongoing PEDP III programme. The action had ensured the mainstreaming of cross-cutting issues that contribute to the achievement of the global objective of poverty reduction, in particular with regard to human rights, gender equality, children's rights and the rights of persons with disabilities. Empowerment and non-discrimination were among the foundation concepts on which the action was built and were therefore integrated to its design and success. The action followed participatory approach in its methods and people with disabilities, their parents, communities, teachers and local government institutions and DPOs in particular were actively involved.

## 2.2 Efficiency

- *Did the project deliver the expected output within the specified timeframe?*

It is understood from the various progress reports, review of secondary documents and discussions with and interview of project staff from GUK and LCD and discussion with other stakeholders that within the project period of three years it has been able to successfully delivered most of the expected output(see table1 for detail). However, the delivery of some of the outputs and activities were delayed for various reasons i.e. getting project approval from the NGO Affairs Bureau, staff recruitment, appointment of consultants, doing advocacy at the central level, initiating activities according to the planned timelines, arrangement of transport. For instance the recruitment of a Speech Therapist for the project was delayed as three times advertisement had to be made to get the appropriate candidate because relevant technical expertise was not available at local level . Many of the national level activities were not also clearly articulated in the project planning and as such were delayed. For instance national level advocacy which should have been done in the first year was also delayed. There appeared to be an understanding gap that the central level advocacy would be the direct responsibility of LCD while GUK would carry out the field level implementation as reported by the CEO of GUK. However, LCD has a different version of this gap stating that GUK made no attempt to meet the policy level. So, it appears that national level activity was not clearly articulated in the design of the programme. Even after this delay the project was finally successful in accomplishing some important activities including

*"The staff and officials of GUK are working in this project with utmost sincerity." Mr. Dilip Kumer Banik, DPEO, Nilphamari*

holding the national level learning sharing workshop and handing over some policy recommendations during the last month of the project to the highest level of policy makers, the Minister for Primary and Mass Education. This indeed is a great achievement.

The delivery of another output that got delayed by one and half year was the conduction of the baseline survey. The survey scheduled to be completed in the first quarter of the first year was completed in June 2013. The Baseline Report itself states, *"Considering the nature of the study to capture benchmark status at pre-project situation, it was late for data collection. This issue was mitigated collecting by pre-project data using recall method from the respondents"*. The Baseline Study was carried out, with a total of 2,414 households having children with disabilities in the 6 upazilas of Nilphamari district, aiming i) to assess the benchmark status of the children with disabilities of school going age (4-14 years) and their families through household survey; and ii) to determine knowledge, attitude and potential role of primary school teacher, School Management Committee, guardians of the children with disabilities, community, government officials and Local Government Institute on the issues of the children with disabilities, particularly on their education. The report has given more focus on the economic and demographic variables of CWDs rather than on the issues and problems of disability. In case of the second objectives findings and recommendations got mixed up. The evaluation team also has identified some technical mistake in asking question to all disabled children which is relevant for only school going children. This has happened probably because the data collection tool did not have proper skip instructions and data cleaning was not done properly. It has been observed that the study focused more on the medical model of disability (with a narrow relation with health) to reduce the 'problems' during data collection; if they focused on the social model of disability, disability as a crosscutting issue, and the UN Convention of the Rights of Persons with Disabilities (UNCRPD); they would be able to come up with recommendations to disability related issue in a broader context. Based on the findings the report provided some recommendations at the conclusion of the report. A separate section with more details and specific recommendations following each project objectives, activities and indicators would have been worthwhile.

A mapping exercise to document organization and services was planned during the beginning of the project which was also delayed by 1.5 years and was completed in August 2013. Assessment of the quality of Mapping Exercise Report reveals that the report identified government and non-government organizations working on disability and/or inclusive education, including their working strategies and dimensions, on-going activities. The report also includes details of available resources & services and good practices as well as the information and address of those organizations. This mapping report on inclusive education is first ever initiative to our knowledge. We did not find similar mapping on the inclusive education before. In spite of inadequate implementation of policies, training and materials to ensure inclusive education across the country, LCD, GUK and the mapping team have tried their best to compile all available information on the available resources and services, no doubt. However, the mapping report could be improved on various areas. It is evidenced from the review of the report almost similar questionnaire was used to collect data from the government and non-government organizations, which were classified in the six categories. Following the each categories, separate sets of questionnaire could be developed and used to get more specific, elaborative and in-depth information on the nature, strategies and on-going activities of each organization. Some questions were not relevant to some of the disability related organizations and networks. For instance, National Forum of Organizations Working with Disability (NFOWD) is a network of disability related organization; they have no program on inclusive education. So, they had replied just to the question no. 1. Similarly Action on Disability and Development (ADD) the same question was (Question No. 1) was used whereas it does not have any activity on inclusive education. In the same way in some cases the responses are similar

from different organizations (the same text copied and pasted in other places of the report) which seem unusual. The mapping report could be made more user-friendly if the information were organized more specifically and concisely from disability or specifiable needs perspective. The mapping results were distributed and disseminated 120 copies to relevant stakeholders and many organizations and institutions or contacted for possible support.

There appeared to be a weakness in the project design. There are seven specific objectives, which seems to be much for such project. In the logical framework some specific objectives and expected results do not consistently correspond and speaks of the clear flaw in the log frame. There are also too many indicators indicating the loss of focus which could be replaced by some major indicators. In future programming expert in the field may be engaged for reviewing and finalizing the log frame. The project also achieved some unintended outcome. GUK was successful to sensitize NETZ to initiate Inclusive Education in other remote areas and NETZ initiated a project with 30 schools in Gaibandha, Kurigram and Nilphamari districts.

Confidence of the government on GUK's work developed and they are taking over some groups from GUK. For instance, the Department of Women Affairs started to organize adolescent girls in new groups in the different parts of the country, but they take over responsibility of such existing groups formed by GUK, they are not going to form new groups. Following request from the government, GUK arranged a TOT on Inclusive Education for Primary Education Directorate Officials at GUK training center during 08-12 December 2014, which was not a planned activity of the project, but it would help in promotion of inclusive education in Rajshahi and Rangpur division and also the linkage of GUK with DPE. As a part of the project activities, primary textbook, teacher training curriculum were reviewed and submitted and shared with the appropriate authority.

- *What system did the project have in place to ensure the quality of the delivery? (financial system, M&E system, organisational and technical capacity)*

The first question that arises is the appropriateness of selection of implementing partner and the level of its organizational and technical capacity. GUK as an organization has gathered lot of experience of working in the grassroots especially in the northern Bengal. It is undoubtedly a great NGO leader in that region and has specifically lot of work experience in formal and non-formal education sector. Moreover, LCD has some experience of working indirectly with GUK on disability issues for five years in a micro inclusive education initiative to promote the inclusion of children with disabilities in the mainstream school and was convinced about its potential for implementation of the project. The top leadership of GUK is dynamic and supportive and the NGO has currently been implementing more than twenty projects funded by multiple donors. It has widespread credibility among donors, local administration, local government and acceptability in the local community. So, the selection of GUK had been very appropriate and justified. GUK has all the relevant policies in place including HR policy which articulates that {2.2(d)} "disability, indigenous and other backward community will be given priority for recruitment." Indicating that policies exist but are not implemented properly. But GUK claims that it is a disability focused organization and it has been considering disability as a cross-cutting issue and has been providing various supports to persons with disability among the poor families although there is no organizational policy exclusively on disability. More over the evaluation team found that GUK Head Office premise including the training center are not fully physically accessible for persons with disability. The next question is the recruitment of project leadership. For a project such as this with so many objectives to be achieved including advocacy at the national level, it would have been more appropriate to recruit a person with more relevance, prior experience in the field, capacity and comprehensive understanding of the subject and management. GUK management informed that the decision was made

on the basis of consensus of senior management team members considering not only his skill and experience but also his long time association with the organization and allegiance to it and relied on his capacity for ensuring effective implementation of the project. GUK was happy about the management efficiency of the PM. It may be observed that strong leadership support of GUK and the high level of commitment of its staff were redeeming factors to neutralize the project leadership deficiency. However, LCD did not leave the responsibility of implementation on GUK alone but continuously and consistently provided technical support at all stages from the conceptualizing and designing of the project proposal in the initial phase to the delivery of quality output till the end of the project. To reinforce the direct involvement of LCD in implementation and monitoring, LCD appointed one Inclusive Education Program Manager to provide hand holding support to GUK, for the last one and half years and ensured constant support to the Project Manager of GUK.

LCD SARO office ensured effective and quality implementation of the programme in line with the agreed outcomes by providing regular and constant guidance and support to GUK not only through routine quarterly site visits but also through regular Skype discussions, phone calls, and online correspondence to monitor progress and to ensure that the program was on track. Although the physical presence of LCD-SARO office was not here in Bangladesh except through the positioning of a inclusive education manager, the mechanism applied through all these measures have reportedly worked well to keep the project on track. LCD managed all EU correspondences from head office and maintained good relationship with the donor. It also ensured the submission quality report to donor, addressed donor queries, and edited major documents. Capacity enhancement of GUK was an unrelenting effort as during the visits the concern officials of LCD SARO office had sessions with Program Manager and staff and each case of programme matters were critically reviewed while Finance Manager looked into contract and compliance issues during each visit in every quarter stayed 5-6 days in the field and provided necessary assistance and guidance to ensure the delivery of quality output. Added to these were visits from LCD Regional Representative, IT Manager, and Impact and Quality Manager of LCD London office. On the other hand some other officials including, Advocacy Manager of LCD provided support to LCD SARO. LCD SARO provided technical support to GUK in the areas of programmatic aspects such as building capacity on inclusive education through specific sessions and program reviews and reflections, development of operational plan, conducting periodic quarterly reviews, site visit and onsite support, tracking the set outcomes and indicators in line with agreed design, technical input to strengthen the capacity of IE expert, review of curriculum, learning brief, policy note, IE promotional guide, comparative study report, baseline, mapping, various concept notes, budget notes etc. Technical support was also extended in identification of gaps such as interventions to children with VI, HI, MD within the project during the implementation phase and designed appropriate need based interventions and ensured the quality in the program. LCD SARO supported GUK staff to attend capacity building workshop through exposure visits during which 13 members team visited Kolkata and CEO visited Bangalore office twice for the purpose and for holding specific discussions. This visit created opportunities to share experiences and learn from each other in the areas of monitoring, effective use of sign languages and the approach to involve local authorities to enroll children with disabilities in the mainstream schools in west Bengal in India. It may be noted here that the 13 member exposure visit team did not include any person with disability.

To ensure efficient financial management LCD London office ensured smooth fund flow and provided constant support to Finance Manager of GUK in the areas of financial systems and procedures and tracking allocation, time line, financial utilization, monitoring the agreed activities to be achieved during the implementation process. During the course of EU project financial systems were closely monitored and guided by the Finance Manager of SARO. LCD was all along happy with the financial system of GUK.

The evaluation team also found that GUK has been maintaining the books and records such as Cash Book and Ledger, Asset Register, Advance Register, Bank Correspondence File, Stock Register, Movement Register, Log Book and Attendance Register. The evaluation team reviewed the external audit reports of 2012 and 2013 and found that audit reports have the reflection of efficient financial management and no observable weakness was identified in the report. Some documents related to large procurement were also checked on sample basis to assess compliance and everything was found in good order. There appeared to be a mismatch between programme planning and resource allocation that largely happened because of lack of proper coordination between program and finance of GUK during quarterly planning. The major problem encountered was the accumulation of large amount of unspent money at the end of first and second year the management of which needed LCD SARO and IEPM intervention. This problem originated not because of the inefficiency of the financial system but largely due to the lack of efficiency of programme output delivery in time. The Table 4 below shows that around a quarter of the budgeted amount remained unspent end of the first year while around 12% remained unspent at the end of second year. This could be avoided through proper coordination between programme and finance during each quarterly planning. GUK senior management team members viewed that although item wise resource allocation was not appropriate there was flexibility on the basis of which budget revisions were done on several occasions. This can be minimized through better coordination between programme and finance during planning stage in each quarter.

**Table 1 : Budget and expenditure variance analysis for year 1 and 2**

Budget head	1 <sup>st</sup> year				2 <sup>nd</sup> year			
	Budgeted amount	Expenditure	Difference	%	Budgeted amount	Expenditure	Difference	%
1. Human Resources	€ 69200	€48953	€20247	29.26	€77800	€71207	€6593	08.47
2. Travel	€ 21000	€ 4211	€16789	79.95	€36000	€21971	€14029	38.97
3. Equipment and supply	€ 82500	€ 77957	€4543	5.51	€50500	€50326	€174	00.34
4. Local Office	€ 17900	€ 12553	€5347	29.87	€18300	€16433	€1867	10.20
5. Other costs, services	€ 62200	€ 41803	€20397	32.79	€88150	€69811	€18339	20.80
6. Other	€ 47250	€ 41574	€5676	12.01	€73040	€74052	€-1012	01.39
7. Direct Eligible cost	€ 300050	€ 227050	€73000	24.33	€343790	€303800	€39990	11.63

To ensure for proper monitoring of progress of project activities, process and output the project developed various tools. It has been reported that as many as 30 forms and formats were developed in full participation of LCD. To ensure the effectiveness of monitoring tools, those were field tested, revised and finalized for use. Some formats were used to maintain profile of each child with disabilities, their assessment, development, assistive devices, follow up on educational progress, etc. LCD extended all out technical support for the development and use of the various monitoring tools. Assistance was provided in documentation & reporting and in the use of other M&E tools, (KPI, quarterly reports and donor reports) ensuring that the both quantitative and qualitative information are received against the set indicators to report to the donor during the project period. For ensuring internal control and in-country monitoring of progress, GUK submitted a monthly report to IEPM while quarterly reports were sent to LCD London office. At the donor level only Annual Report once a year was sent. So, project's outputs and activities were regularly monitored on monthly basis and well-documented in the Quarterly Progress Report. In fact the Quarterly Progress Reports were good for the monitoring of deliverables (e.g., number of teachers trained, number of IERC established, number of orientation workshop carried

out, etc.). Although at the project level a full time Monitoring Officer was dedicated for monitoring and documentation, LCD identified observable gaps and rectified those in the reports to ensure quality and accuracy of data. LCD SARO during its field visit practiced quarterly report review and reflection and took all measures for rectification. LCD considered M&E and documentation a weak area of the partner organization and did not solely rely on its capability of analyzing the collected information to identify gaps and determine the next course of action. It is reported that GUK has a central monitoring team to monitor all projects and during the Project Coordination meeting each project share experiences. It is understood that a particular project do not get adequate focus in such central level platform. The CEO, however, reported that he visited at least once a month to oversee the project activities while the Director also made frequent visits. Nevertheless, M&E system of the project could have been improved if a more appropriate and qualified person was employed in the position of Monitoring Officer. The project had a monitoring plan but which could not be implemented due to lack of capacity of data entry, analysis, documentation report preparation and presentation. Capacity building support should have been provided to improve analytical ability and report preparation skills of the persons responsible for M&E. GUK should also have given more attention to identify the appropriate person and improve the overall M&E system.

- *Did the project delivery represent good value for money?*

The action created a valuable opportunity for NSAs and LAs to the recent political impulsion of achieving MDGs (1&2) by creating opportunity to impact upon maximum benefits for people living in poverty and deprivations. The project identified that exclusion of the CWDs from the education deprived them from enjoying their rights and initiated action which was expected to result in addressing the root causes of poverty and deprivation. By proposing the projects vision of value for money, community, parents, teachers, NSAs and other stakeholders are sensitized to promote the causes of CWDs for their rights to education through their inclusion into the mainstream education.

GUK invited quotation form whole seller through inviting tender in the widely circulated national daily. A four member procurement committee was formed comprising technical persons. The procurement committee assessed the quotation considering quality of goods by ensuring competitive price, quality brand and user-friendly.

It is not very easy to justify the cost efficiency in line with the project activities. As per the unaudited final financial report of the project for the period from January 2012 to December 2014, cost efficiency ratio with the project activities have been summarized below:

**Table 2: Cost efficiency ratio**

Budget Head	Expenditure	Ratio
Human Resources	€ 242061	38%
Programme cost	€ 633994	62%
Administrative cost	€ 61290	7%

The above table shows that the ratio of human resource cost is 38% of the total programme cost of € 633994 and the administrative cost is 7% of the total direct eligible cost of € 876055. By any standard project cost model the project can be regarded as cost efficient.

The project has successfully delivered so many outputs and some of those are so priceless that it would be an underestimation if they are judged by their monetary value only. The most important change that has taken place is the change of attitude of parents, teachers and community people in the project area that children with disability are worthy of schooling and they have the right to access to mainstream education. In many instances it takes scores of years to change the societal mindset but this project has made a remarkable stride only in a period of three years. The project successfully enrolled and retained 2128 (1245 boys and 883 girls) in the mainstream school against the set target of 2100 and the trend has been set as other parents because of the demonstrative effect will be encouraged to send their children to school. On the other hand the project has trained 402 mainstream primary school teachers on inclusive education as against the target of 300. Here the value for money should not be judged by their numbers only but the mental barrier and resistance that have been removed as they are not any more unwilling to enrol CWDs into the mainstream school. Above this as these teachers are part of the mainstream education, the training they received will continue to benefit all CWDs in whichever school they work. The establishment of 10 Inclusive Education Resource Centre facilitated the improvement of functional ability of most of CWDs who received support from the IERC. If not all, at least one IERC is definitely to continue providing services as it is located in UP Complex and the respective UP Chairman is committed to continue rendering services through it from its own fund.

The project sensitised 2128 CWDs, their parents, their family members and community members to change their attitude, knowledge and perception and many parents learnt the sign languages which will continue to benefit them for years to come to communicate with their children and represents good value for money as well. The project had trained 161 rehabilitation workers some of whom are siblings of CWDs who will continue to support the CWDs in their own family especially by providing primary therapeutic support. The project accomplished to make 85 schools physically accessible against the set target of 50 and the accessible schools will continue to benefit the CWDs who will enrol themselves into those schools for the next few decades to come. The involvement of local community was reinforced by the successful formation of 100 Parents Group, 100 Child to Child Club; seven Alliance Group who will continue to work in the community and will directly and indirectly benefit the primary target group in their own community. The project also sensitized the local authorities such as Department of Social Welfare, Department of Health at the district and upazila levels and, NGOs, local government authorities who acknowledged to have been immensely benefitted from the project intervention and have made their own plan to render many services on the basis of learning from the project. The several works that will benefit the primary education system are the review of Primary Education Curriculum, Teachers Training Curriculum, Text Books of Grade I-V and the development of IE Manual which will benefit thousands of teachers and students in the primary school system. Added to this is the policy note prepared and submitted to the top policy level, on the basis of which government is expected to take some actions for the improvement of inclusive education in general. The value of money also is well represented in the unintended outcome in the review of Inclusive education manual by DPE Inclusive Education Cell and LCD-GUK played a vital role in the review. Based on this manual the project also provided training to the master trainers of DPE who will conduct future teachers training.

### 2.3 Effectiveness:

- *Did the project deliver the expected outcomes and results?*

**SO1:** Ensure that 2,100 children with disabilities are enrolled and retained in 100 mainstream schools in the selected project location. The project successfully enrolled 2128 CWD out of those 1241 (58.32%) boys and 887 (41.68%) girls in 262 schools of which 2039 CWDs were retained till the end of the project.

The number of schools was increased as adequate numbers of CWDs were not available in the initially planned 100 schools.

**SO2:** Ensure the provision of quality inclusive education through capacity-building of key stakeholders including parents and teachers. The project successfully trained 402 mainstream primary school teachers, 100 leaders of parents group, 100 facilitators of child-to-child clubs, 13 education and social service officials and 45 health workers and 50 NSAs. Through these trainings the mental barrier that CWDs are not worthy of schooling has been removed, parents and community awareness has been raised, teachers attitude has been changed, non disabled children are supportive, education officials, social service officials and health workers are sensitized and they extended all out cooperation during implementation.

**SO3:** Ensure barrier-free access to education and to the necessary accompanying health & rehabilitation services, through linkages with LAs, NGOs and civil society organisations. The project successfully made 85 mainstream primary schools physically accessible, 2128 CWDs were provided necessary support to improve health, education and functional abilities through making linkages with Department of Social Services, District Primary Education Offices, Department of Health and NGOs-CDD, Sight Savers International.

**SO4:** Create a knowledge base and facilitate linkages in order to support collective actions of a larger alliance of NSAs. The project produced brochure, reading-showing & touching books, installed billboards and TLM kits were distributed to schools.

**SO5:** Ensure the effective implementation of Articles 7, 24, 25 and 26 enshrined in the UNCRPD through mobilisation, partnership development and alliance building processes. The project shared UNCRPD article with teacher, parents, education officials, UP Chairmen during trainings, meetings and workshops.

**SO6:** Improve the quality of education for disabled children through taking steps towards an inclusive education national curriculum and development of inclusive module for teacher training curriculum. The project developed training manuals on Inclusive Education, reviewed primary education curriculum, primary textbooks and teacher training curriculum and shared those with respective higher level authorities such as DPE officials, NCTB curriculum specialties and NAPE faculty members.

**SO7:** Share best practice and learning with key stakeholders, locally, nationally and internationally. The project shared the learning and best practices through media coverage, workshop and meetings at local and national level with relevant stakeholders such as local government representatives, social service department officials, PTI Instructors, District and upazila level primary education officials, NGOs, and at national level with DPE officials, NCTB specialties, NAPE faculty members and national and international NGOs.

The project data at the end of the project shows that most of the Objectively Verifiable Indicators (OVIs) under the results have been achieved as depicted in the following table showing the performance of each indicator under the results.

**Table 3: Achievement of results and outcomes**

Expected Results	OVI as in log frame	Achievement at the end of the project
<b>Result 1:</b> 10 Inclusive Education Resource Center function effectively and	10 IE Resource Centers are fully equipped with information, equipment, furniture and fixtures, human resources and	<ul style="list-style-type: none"> <li>10 Inclusive Education Resource Center (IERC) were established by IE project mostly in the primary school premises</li> </ul>

efficiently	help lines to meet the demand of multiple stakeholders.	except two, one of which was established in the Union Parishad complex and another one in a Diabetic Hospital equipped with necessary equipment. Parents and CWDs visited the IERC and received service smoothly. The achievement of the result is 100%
<b>Result 2:</b> A larger alliance of NSAs, groups and federations of disabled people and their parents have enhanced voice and capacity	Vibrant alliance of 50 NSAs, representatives of parents and disabled persons' groups and federations is effectively functioning. Regular meetings of groups, federations and alliances are facilitated. Attendance of members of groups, federations and alliances will be 80%. Enhanced participation of members in discussing and addressing issues.	<ul style="list-style-type: none"> <li>• 50 active NSAs leaders received training and were actively promoting rights of the CWDs and PWDs and amplified their voices and capacity to effectively negotiate with local and national authorities.</li> <li>• Sample verification evidenced more than 80.27% attendance in group meetings.</li> <li>• 100 parents groups were formed covering parents from all the 262 schools were parents from nearby 2-3 schools were drawn to form one group. They are continuing their activities.</li> <li>• 100 child-to-child clubs formed. 100 facilitators were trained and their leadership capacity enhanced. Lack of required staff support did not permit formation of child-to-child club in all 262 schools.</li> </ul>
<b>Result 3:</b> State and LAs are equipped with sensitivity, knowledge and skills to promote inclusive education	A memorandum is signed with Ministry of Education and Welfare. LAs and state officials are sensitized and trained. Trained officials and authorities extend support and co-operation. Appropriate Govt. orders are issued.	<ul style="list-style-type: none"> <li>• No memorandum was signed with Ministry of Education and Ministry of Social Welfare. However 767 LAs and government officials were trained for sensitizing them. They were evidenced to be highly positive and provided all out cooperation to the project activities from national to upazila levels.</li> </ul>
<b>Result 4:</b> Required human resources to facilitate inclusive education of children with disabilities are adequately equipped with skills, knowledge and reference material.	300 teachers of regular schools have enhanced capabilities, and contribute significantly in the learning process of CWDs. Implementing team is adequately equipped and discharges responsibilities as per the plan. 100 parents, 100 children and 50 NSAs have increased capacity and participation and involvement in the action.	<ul style="list-style-type: none"> <li>• 402 teachers were trained throughout the project period. They are utilizing their knowledge and skills in the school which is benefiting the children a lot. The rate of achievements is 134%.</li> <li>• As evidenced from sample verification at site and project progress report 100 parents group, 100 child to child club members and 50 NSA leaders received training and were regularly attending the</li> </ul>

		meetings. The rate of achievement is 100%. Their proactive role in bargaining with the local authorities and other agencies to establish the rights of the CWDs and ensure available benefits are indicative of their increased capacity.
<b>Result 5:</b> Children with disabilities enjoy the right to education in supportive learning environment with enhanced effectiveness.	2,100 CWDs are enrolled and retained in regular schools, 50 schools are fully accessible, peers and teachers are sensitive and co-operative; enhanced participation in curricular and extra-curricular activities. CWDs graduate to the higher class and are retained in school.	<ul style="list-style-type: none"> <li>• The baseline report evidenced that 432 CWDs out of 2414 were going to school before the inception of the project. The project however enrolled 2128 CWDs in to the mainstream school.</li> <li>• 2128 children with disabilities (1241 boys, 887 girls) newly enrolled in 262 mainstream schools. The achievement here is more than 100%. A total of 89 CWDs could not be retained because there were 9 deaths and the degree of disability of others were either sever or profound and they could not attend annual exams. As such the retention rate is 95.82%.</li> <li>• 2039 children with disabilities given various types of retention support including 452 (207 male, 245 female) provided with assistive devices, 479 (268 male, 211 female) provided with therapy support and 429 (232 male, 197 female) who received transportation support</li> <li>• 1,068 children with disabilities (613 male, 455 female) received extra coaching support</li> <li>• 85 schools physically made fully accessible. Disabled children of these schools are using toilet and tube well easily. The percentage of achievement here is 170%.</li> </ul>
<b>Result 6:</b> In service and pre-service teacher training curriculum developed and included, and steps taken to make the national curriculum inclusive	MoU signed with Ministry of Education and Social Welfare; all stakeholders, NSAs, LAs and teachers have enhanced capacity and contribute to development of curriculum change; advocacy and campaigning plan in place with stakeholders committed to implement	<ul style="list-style-type: none"> <li>• Although MoU was not signed with Ministry of Education and Social Welfare. Directorate Primary Education, Divisional Office, District Primary Education Office, Upazila Education Office, teachers and District Social Service Office provided necessary cooperation and support to implement the project. DPE Officials visited project activities and participated in different training and workshop organized by the project. The primary</li> </ul>

		education curriculum, primary school textbook and teachers training curriculum were reviewed and findings and recommendations were shared with the respective national level authorities.
<b>Result 7:</b> Inclusive education model updated and best practice and lesson learning shared with key stakeholders throughout and at the end of the project	Inclusive education model updated incorporating key lessons learnt and processes documented. Information disseminated nationally through print and electronic means and internationally at policy meetings, through board membership with IDDC and GPDD, and uploading information onto LCD website	<ul style="list-style-type: none"> <li>• Inclusive Education model, best practice and lesson learned shared with key stakeholder's local and national authorities through printed media and workshops. A policy note was submitted to the Minister for Primary and Mass Education with recommendation for adoption into the primary education system.</li> </ul>

The following table shows the output against planned activities. The table reflects that all the planned activities have been successfully accomplished.

**Table 4: Output or progress against planned activities**

Planned activities	Output
Recruitment, induction and training of implementing team	17 staff recruited, deployed and trained
Setting up of furnished and functional office	A project office was setup and furnished in the project district
Setting up of systems and structures	GUK implementing team setup MIS system and financial monitoring system under the guidance of LCD SARO.
Needs analysis and planning of interventions	A baseline survey was conducted which made a complete census of 1378 boys and 1034 girls to identify 2414 CWDs of eligible age group (4-14 years) of whom 2128 were enrolled (1241 boys, 887 girls). Their individual needs were assessed and individual education plans were developed.
Design, publication and dissemination of IEC materials	Key message on Inclusive Education and disability were painted in 85 school walls, 1500 posters, 400 T-shirts, 20 Billboards and 200 Rickshaw vans were painted, 50 reading, showing and touching materials were developed.
Setting up of well-equipped IE Resource Centres	10 IERC was established and equipped with necessary materials.
Formation and strengthening of groups and federations of disabled people	7 Alliance groups were formed which included 6 upazila level alliance and one district level alliance. Members from 8 Disable Peoples Organisation (DPOs) were pulled into the alliance. They received training and capacity building support from the

	project.
Selection and capacity building of NSAs	37 NSA leaders (32 male and 5 female) were selected and were provided training on inclusive education, role of alliance members and leadership skill development.
Training for parents and persons with disabilities	711 parents and CWDs were trained (296 male, 454 female) on sign language.
Formation and strengthening of alliance of NSAs and persons with disabilities and their parents	NSA s alliance were formed selecting 5 NGO leader, 8 DPOs , 8 Journalist Association leader, 5 teacher Association leader, One Union Parishad Association and one community leader who were provided capacity building support.
Advocacy and campaigning initiatives	Trained Alliance group members conducted advocacy campaign initiative at the community level and attended several meeting with upazila and district level social service officials to ensure the CWDs right and to get available facilities.
Sensitisation and orientation for state officials	Several sensitization workshops were organized for teachers, education officials, health officials and officials of the department social service officials.
National, regional and District level workshops for state officials	Workshop were organised at national, regional and local level government officials.
Training of teachers of regular schools	402 primary school teachers (Male 242, female 160) were trained of disability and inclusive education.
Formation and strengthening of parents groups	100 parents group formed and support provided.
Creating database of children with disabilities through survey	Created data base of 2128 CWDS through baseline survey.
Provision of comprehensive rehabilitation services	Assistive devices, transport facilities, therapeutic support were provided to target CWDs.
Support for educational material and coaching	Provided educational materials to 1068 CWDs (613 boys and 455 girls) who also received extra coaching support
Formation and strengthening of child-to-child activity	100 child to child clubs were formed and they were provided support for strengthening club activities.
Creating model accessible schools with appropriate accessibility features and universal design	85 schools were made fully accessible following universal design.
Develop inclusive modules for teacher training curriculum working with government	A training module on disability and inclusive education was developed for training of teachers from the mainstream schools.
Work with government and stakeholders to develop disability chapter for inclusion in primary	National curriculum on Primary education was reviewed and finding and recommendations was shared with NCTB and DPE officials. A policy note on inclusive education was handed over

national curriculum	to The Minister for Primary and Mass Education.
Advocacy and campaigning initiatives to put pressure on government to accept and implement new education policy on inclusive national curriculum	Advocacy campaign initiatives were conducted with national regional and local government and authorities.
Update inclusive education model	Inclusive education model was updated and inclusive education policy note submit to top level policy makers.
Sharing lessons learnt	A national level lessons learnt workshop was organised which was participated by government higher level officials and national level NGOs and donor representative.

- *How did LA and NSAs capacity building and mobilisation affect the demand and quality of education for disabled children?*

As per activity plan of the project 300 teachers from the mainstream schools were to be trained on inclusive education to induce them to have the appropriate

*"Now we assess the type of disability- this is the result of the training." Teacher of primary school during FGD*

attitudes, perspective, knowledge and skills to promote the education of children with disabilities. The project documents revealed

*"Before we received the training we had a frustration how we would be able to teach the children with disabilities-the training we received had removed the barriers." A teacher in FGD.*

*"Before we had received the training we had no idea that disable children could be mainstreamed". Teacher of a primary school during FGD*

that 6 days training was provided to 402 teachers from 262 schools of the project area. The effectiveness

*"The training received by the teachers on inclusive education has capacitated them to teach the CWD more appropriately." DPEO*

of the training can be best understood from the statement of a teacher as put in the box. The most important outcome of the capacity building of teacher is the change of their attitude towards disability. Because of these change of attitude teachers created a better learning environment by taking extra care of the CWDs, making proper seating arrangement, applying the gathered skill of using appropriate teaching learning methods such as sign language, trailer frame, brailed method and other available teaching learning materials all of which facilitated easy and quality learning by the CWDs. Participating teachers in FGD also acknowledged that they had learnt how to assess children with disabilities that helped them in proper identification of CWDs and their needs. Teachers also stated that because of their change of attitude they have been working for increasing the enrolment by identification of children with different types of disability in the periphery. Enhance capacity of teachers for creating a conducive learning environment for the CWDs also inspired them to come to school regularly and they developed an emotional bond with the school and teachers that helped their retention. As of December 2014 school data revealed that 2039 CWDs

*"Before we had received the training we had no idea that disable children could be mainstreamed," Teacher of a primary school during FGD.*

attended in the annual examination of 2014 indicating a retention rate of 95.80% which is much higher compare to the national retention rate of 78.6% as per DPE's school census data 2013.

During FGD a teacher said, *"Before we thought it was impossible to teach children with disabilities with other children in the mainstream school. So, we were not much interested to enroll them into our schools. The project has changed our attitude and we know how to teach them. We know now how to take care of them. We shared our learning with other teachers also."*

As per plan 100 parents groups were formed to enhance their capacity, knowledge, skills and awareness to promote inclusive education for their children and 100 child-to-child clubs were formed to facilitate child-to-child understanding and familiarity about disability in order to improve the school environment. Parents in FGD informed that they were now in great relief and hopeful about the future of their children with disabilities as they were going to schools. The teachers are now supportive and most of the community people are aware and encouraging parents to send their children with disabilities to schools. Parents informed that they were motivating other parents of children with disabilities to send their kids to school. Learning from them some other parents also knocked at the school showing their interest to enroll their children in the school. Child to child club members have also shown positive attitudes by cooperating with their friends and classmates with disabilities, played games with them and participated in co-curricular activities.

*"They would remain depressed most of the time but after their enrollment in the school their behavior and taste have significantly changed".* A mother from the parents group from Ramnager GPS.

*"We help our disable school mates in many ways. We go home to bring them to school if they do not come to school. Help them to prepare lessons. Play and sing with them. We have formed the club to assist them in all ways."* A child club member

*"After visiting project school and IERC, I am highly impressed with the GUK-LCD intervention and the level of their achievement. The most important achievement is involving the local communities in the project."* Mr.

It was expected that the local authorities concerned with education, disability welfare, health care and poverty reduction will have increased sensitivity with regard to the education of children with disabilities. Through interviews, FGDs and interactions with the LAs and NSAs, it was observed that their capacity building and mobilisation has positively affected the demand and quality of education for children with disabilities. During project period the LAs and NSAs

became aware of the importance of education for children with disabilities along with the children without disabilities in an inclusive environment. A good number of children with disabilities are now going to schools due to the project activities. Teachers who initially were reluctant or resistant to enroll CWDs into the school were not doing so and in many cases were taking personal initiative to enroll them. *"Before we could not even imagine that it is possible to enroll and retain children with disabilities in the mainstream primary schools, but the IE project showed us that it was possible. So I think if more schools were covered, more supports were provided, more children with disabilities would be benefited."* observed Md. Azizul Islam, UP Chairman of Horinchora Union Parishad, Kishoreganj.

District and Upazilla level alliances were formed involving parents, local elite and other stakeholders. 50 NSAs received training and capacity building support from the project that have amplified voices and capacity to effectively negotiate with local authorities to ensure the right to education of children with disabilities. Although district and upazila officials of education, health and social service department were closely involved in supporting and promoting the project activities, LCD and GUK could not sign the Memorandum of Understanding (MoU) or any written agreement with the Ministries of Education and

Social Welfare. Perhaps this was not necessary for implementation of a project at district level. It was an understanding gap on the part of GUK. Government does not sign any MoU with any national NGO nor with any international NGO unless the resource is channeled from the latter through government treasury. In this regard, the Regional Program Manager, LCD stated that there were two aspects: i) The government does not want to sign any document (MoU), ii) GUK is a grassroots organization, LCD and GUK could not reach that level. It was not probably appropriate to set such ambitious and also unnecessary objective at the design stage of the project. This is a lesson learnt for both GUK and LCD that government signs MoU only with another government and not with any NGOs unless government directly receive fund from that NGOs. The absence of MoU, however did not affect field level implementation as government commitment was very much reflected in its consent to allow the teachers of the primary schools to receive IE training. Government commitment is further reflected in allowing the DPE official to attend TOT on inclusive education organized by the project.

Project officials informed that NSAs and LAs were sensitized as a result of advocacy. Local government and school authority became sensitized to cooperate with project activities. The community became sensitized to understand the importance of inclusive education and to keep it continued in the working area. As a result of involvement of the LAs, one UP Chairman became so motivated that he installed ramp in the UP complex (see case study of UP chairman Botlagari Union). It is clear that the project has affected positively the lives of children with disabilities through ensuring enrolment and retention of children with disabilities in the mainstream schools. A set of Information, Education and Communication (IEC) materials were developed and extensively used to promote inclusive education for children with disabilities by multiple stakeholders.

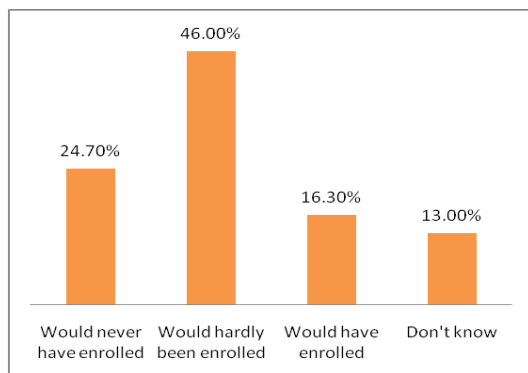
- *What are the perceived benefits of improved quality and accessibility of school to disabled children?*

The IE project made it possible to ensure education of children with disabilities with children without disabilities in the mainstream primary schools. Direct support from the project such as education materials, transports allowance, assistive devices, extra tuition, etc. have encouraged children with disabilities to enroll and retain in schools. Accessibility in the school environment such as ramps, accessible toilets, and seating arrangements has increased their attendance in the school campus. It has also opened up opportunities for the children with and without

*"Where as the normal children were not present in the school, how the children with disabilities will be regular. So I was reluctant to give admission. After enrolment my idea completely changed. I have observed unprecedented behavioral change among the CWD."*

disabilities to interact and help each other and grow together from the early stage of their lives, which also lead the children with disabilities to the broader inclusion in the society in later life. The project staff, school teachers and parents informed the evaluation team that functional ability of most of the CWDs has visibly increased because of the support they received from the IERC.

**Figure 1: Consequences on enrolment as perceived by CWDs had there been no project support**



The figure 1 shows that the 70.7% of CWDs would never or had hardly been enrolled into school had there been no project support. This emphasizes the relevance and need for continuation of such action for inclusive need, relevance for inclusive education at the primary school level. The vast majority (84%) of CWDs in the questionnaire survey perceived that the various educational materials they received increased their

opportunity to study well and the remaining 16% considered that the economic burden of their parents were reduced as they did not have to pay for the materials. A total of 86.5% CWDs informed that they had been receiving health and rehabilitation support from the project with which they had visible improvement on respectively on hearing impairments, speech difficulty, movement difficulty, and other physical functional barriers. As shown in the following table 78.6% CWDs received training on ADL while around 50 -75% mentioned about receiving therapeutic support, special tuition, mobility training, information support and learning co-curricular activities on a range of multiple responses.

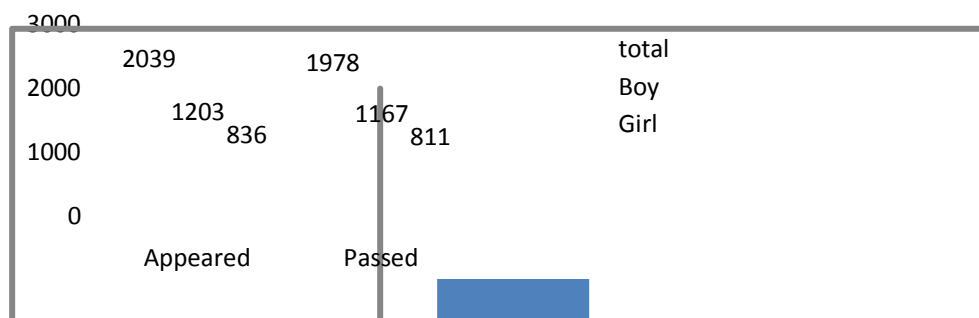
**Table 5: Benefits enjoyed by CWDs from IERC ( on a range of multiple responses)**

Training on ADL	169	78.6%
Therapeutic support	161	74.9%
Special tuition support	143	68.4%
Mobility training	119	55.3%
Information support	111	51.6%
Learning co-curricular activities	106	49.3%
Referral service	36	16.7%
Other ( Braille)	2	9%

One important thing reported by some of the parents was that the salivary flow that used to embarrass the children in school and in public places have been greatly reduced because of the physiotherapeutic support. Also added is the education material, transportation support, extra coaching support and the recreational facilities provided by the project encouraged most poor families to attend regular in the class. Teachers reported and showed school records that enrollment, attendance and retention of CWDs have positively changed (enrolment and retention data available in Table 2, column 3, Row 6). Because of the various assistive device provided the capacity, mobility, and confidence of CWDs have enhanced. Some children have come up with excellent academic performance in the final examination. Figure2 below shows that 97% of both boys and girls of the total of 2039 CWDs who appeared in the final examination of December 2014 successfully passed out. This is indeed an excellent performance in view of the situation where disability was initially perceived as a barrier to education.

*"Because of use Braille method I have been able to learn my lesson regularly." Dripty Rani Das a visually impaired student of grade II.*

**Figure 2: Annual examination result of CWDs 2014**



- *How effective were parents groups, child to child groups and outreach activities in changing community attitudes towards disability?*

*"Before the project intervention parents would consider disable children as burden now they don't think so any more."* Sharif Ahmed, EUE Kishoreganj

*"Many use to call them mad, lame and blind. Now they call them disable."* IERC volunteer

The parents' groups met once in a month and interacted with one another to share experiences, learning, challenges, difficulties, and improvement of their

children that enhanced their mental strength and confidence to continue their effort of inclusive education. In terms of change of community attitude it is important that most parents no longer consider disability as a burden. It was

*"We also teased the children with disability, now we realized that it was not fair."* A Rehabilitation Worker of Ramnager village.

widely recognized that the age old idea that children with disability are not worthy of schooling has been removed. They communicate with the teachers to ensure that their children with disabilities have opportunities to participate in sports and recreational activities with their counterpart without disabilities. They found lots of positive changes towards in the community towards disability. The changes are best reflected in the table below where a comparison of baseline and end evaluation on the level of harassment is presented. CWDs in their interview were asked what type of harassment they encountered in the village or in other public places during the past one year. The table reflects that the level of 'teasing' has significantly come down from 46.64 % in the baseline to 31%, in the end evaluation. Similarly 19.3% CWDs reported of having 'beaten' in the baseline which has come down to 4%. Similar trend of decline also has been evidenced in case of torment and physical harassment.

**Table 6: Comparison of baseline and end evaluation showing the change in level of harassment to the CWDs as reported by the CWDs.**

Type of harassment	Baseline (2012)	End evaluation (2014)
Teased	46.64%	31%
Beaten	19.3%	4%
Tormented	17.94%	6%
Physically harassment	12.43%	2%

The Child to child Club members regularly meet in the resource centers. The members are both children with and without disabilities. When asked, what do you do in the club, they replied that in the club they come together, they help children with disabilities to come to the club, participate with them, assist them in accomplishing their lessons, and play & sing, and make fun together. Thus, they become friends and this has helped the socialization process of the CWDs who are now assured of their right to education and other opportunities. *"My friends read out books for me, write notes for me and take me with them while playing. I am very happy with them"* - observed a girl with visual impairment. *"We are all friends, learn and play together"* - added Shohag. *"My friends help to read and write and take me with them while playing"* - Said Sohag. At one point some children pointed at Jisan (11), a child with hearing and speech impairment, he is the second boy in the class.

- *What worked well to increase enrolment, retention and learning of disabled children?*

The project was planned and implemented a wide range of activities to promote enrolment, retention and learning of children with disabilities. Among the activities, a number of activities such as household visits by project staff, education materials provided, and school adaptation ranked first respectively for

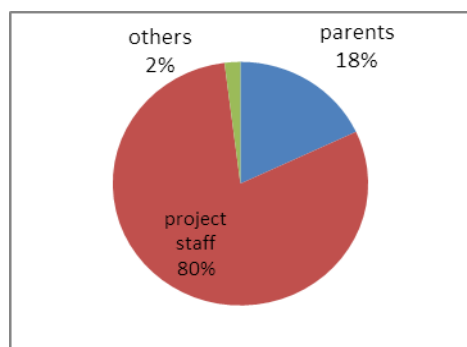
enrolment, retention and learning as shown in the table below. Other factors that also influenced enrolment, retention and learning included formation of parents group, ensuring assistive devices, child to child activities, providing IE training to teachers, and giving extra tuition support to CWDs all of which have been found to have significant contribution towards effectiveness of the action.

*"I have received the training from GUK. The training was so useful. I am extremely benefited from the training."* Jabun Nahar a Head Teacher of Nilphamari Sader.

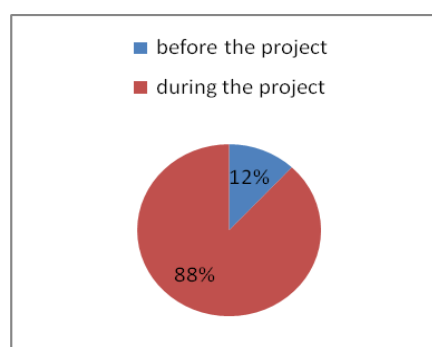
**Table 7: Ranking of factors that worked well in enrolment, retention and learning**

For enrolment	For retention	For learning
<ul style="list-style-type: none"> <li>-Household visits by project staff;</li> <li>-Parents group formation;</li> <li>-Meeting with local Education Authorities;</li> <li>-Formation of local Alliances.</li> </ul>	<ul style="list-style-type: none"> <li>-Educational materials provided to the CWDs;</li> <li>-Ensure assistive device support;</li> <li>-Transportation allowance and facilities;</li> <li>-Extra Tuition support.</li> </ul>	<ul style="list-style-type: none"> <li>- School adaptation;</li> <li>- Child to child activities;</li> <li>- Training of Teachers;</li> <li>- TLM support to the CWDs schools.</li> </ul>

**Figure 3: Who influenced enrolment of CWDs**



**Figure 4: CWDs enrolment before and after the project**



The CWDs currently studying in the project schools were asked who influenced their enrolment. Figure 3 shows that 80% of the CWD were influenced by the project staff. Another question was asked to know what proportion of CWDs had been enrolled after the inception of the project. Figure 4 clearly shows that 88% of the currently studying CWDs were enrolled after the inception of the project while only 12% were enrolled before the action was initiated.

## 2.4 Impact

- *To what extent did the project contribute to an inclusive and empowered society where all children with disabilities enjoy their right to education on an equal basis with others?*

Through the project a total of 2,128 children with disabilities were enrolled in 262 schools of the project areas in Nilphamari district. During interviews, FGDs and discussions with the teachers, parents groups, members of child clubs, LAs and other stakeholders, most of them mentioned that the project has ensured education of children with disabilities with other children in the mainstream schools and it has also changed their attitudes and raised awareness among the community people to ensure the rights of the children with disabilities to education on equal basis with

*"No one agreed to enroll us though the school is near to our house. GUK madam went to my house and made arrangement for my admission into the school."* Visually impaired child, Dipti Rani Das(a grade II student in the national workshop)

others. Therefore, it is expected that the project will have significant and long term contribution in the society to ensure equal rights of the children with disabilities through active participation of children and persons with disabilities, their parents, other family members and the society as a whole.

**Table 8: Comparison of selected variables between baseline and end evaluation**

Selected variables	Baseline(%) 2012	End Evaluation(%) 2014
Encouraged by guardians/parents for enrolment	21.83	18.10
Encouraged by IE project staff for enrolment	41.63	80.00
CWD Regular in school	17.90	97.70

Table 8 above shows that during the baseline the project only started and many of the eligible CWDs studying school had been enrolled by the initiative of the parents (21.83%) but at the end evaluation this may seem to be regressing as it stands at 18.10%. But in reality this is not regressing if we compare the data on encouragement by IE project staff as responded by 80% CWDs at the end evaluation giving more credit to project staff as the end evaluation covered 3 years period where project staff had lot of activities and influence. This may also result because of the change in perception of the CWDs who had regular contract with the project staff. Nearly cent percent (97.8%) of the CWDs in the end evaluation questionnaire survey also reported to be regularly attending in the school as against 17.9% CWD found in the baseline survey.

**Table 9: People's behavior towards the CWD**

	Behavior pattern towards CWD	Baseline* (%)2012	End evaluation (%)2014
Parents	Supportive	-	96.7
	Moderate	-	3.3
	Not cooperative	-	-
	Same as before	NA	-
Villagers	Supportive	26.5	19.1
	Moderate	51.9	73.5
	Not cooperative	12.0	4.7
	Same as before	NA	2.8
Market people	Supportive		7.0
	Moderate	48.18	68.4
	Not cooperative	23.0	14.0
	Same as before	NA	10.7
Public transport	Supportive	11.0	4.7
	Moderate	38.0	47.9
	Not cooperative	25.0	33.5
	Same as before	NA	14.0
Government Officials	Supportive	11.0	14.9
	Moderate	35.0	49.3
	Not cooperative	22.0	27.0
	Same as before	NA	8.8
Religious institution	Supportive	19.0	26.0
	Moderate	42.0	40.5
	Not cooperative	12.0	25.0
	Same as before	NA	8.4

\*percentage distribution of behavioral pattern classification do not adapt to 100 in case of baseline because high 'none response' category has not been included in this table.

Comparative pattern of behavior towards the CWDs between the baseline and end line as shown in the table above indicate significant positive changes although in few cases they may appear regressing but in fact if we combine supportive and moderate category together and see the 'not cooperative' category in isolation we can see the significant positive impact on changes of behavior in all most all cases. The regressing tendency in case of 'supportive' in some cases may result from none statistical error such as failure of perceiving the difference between 'supportive' and 'moderate'.

- *What difference has the project made children's life, their parents, teachers and community leaders?*

*"Whereas the normal children were not present in the school, how the children with disabilities will be regular. So I was reluctant to give admission. After enrolment my idea completely changed. I have observed unprecedented behavioral change among the CWD."* Robiul Alam Shah, Teacher, Daskhin Muktarpara GPS.

The project has developed confidence, hope and positive attitudes towards different abilities and potentials of children with disabilities. During FGDs, the child club members revealed that a number of children with disabilities are attending schools regularly and doing better in their exams and other class activities. *"My friends help to read and write and take me with them while playing. I am doing better in the schools exams with their supports and cooperation from the teachers"* - Said Sohag, a child

with physical disability. At one point some children pointed at Jisan (11), a child with hearing and speech impairment, he is the second boy in the class".

There are positive attitudinal changes among the parents. Many parents dream of a bright future of their children with disabilities. They learned how to take proper care of their children with disabilities. They became able to teach their children Bangla and English alphabets, different colours. They observed that their children with disabilities become cleverer (intelligent). They were able to identify types of disabilities of their children, learn to take care and provide ADL training to make them self-dependent and thus they became able to maintain personal hygiene. Many children with disabilities became able to use new words and their language skills improved. They like to play harmonium and other musical instruments. Parents discussed with the school teachers to find out the best way to teach their children based on the individual needs and potentials.

During FGDs the schools teachers said that before they thought it was impossible to teach children with disabilities with other children in the mainstreaming schools. So, they were not much interested to enroll them into schools. After receiving the training their attitude has changed and they know how to teach them and how to take care of them. They share their learning with other teachers also.

*"It is not that we are teaching the children with disabilities only, we are also learning from them. We have lots of such examples, where we learned from them."* observed by Ms. Taslima Begum, IERC volunteers of Ramganj Govt. Primary School, Nilphamari.

#### **Case Study 1: Hafsa Zerine goes to school regularly**

Seven years old Hafsa Zerine Akhtar lives with his parents, a small farming community at Chorai khola under Nilphamari Sadar upazilla of Nilphamari district. Her father Mr. Mosharraf Hossain is a day labor and mother Morsheda Khatun is a housewife. The land is dry with sparse vegetation. The community is poverty stricken, their nutritional status is low and their sanitation facilities seriously inadequate. Life in Chorai Khola is hard for the whole community but few have suffered more than Zerine who has had to live with the extra burden of cerebral palsy.



Cerebral palsy is common in Bangladesh, neither untreatable nor incurable. However, poor access to medication coupled with the social stigma attached to her condition has made Jerin a social outcast. In Bangladesh there is a popular misconception that epilepsy is communicable and that those affected have been inhabited by “demons” or “spirits”.

Families affected by CP often face ostracization and isolation from their community. Jerin’s neighbours have warned their children against associating her and her siblings and some people even flee when they see her in the street. Jerin’s mother explained, “Sometimes when I am walking with Jerin, people run

away. They say her sickness is communicable.”

Jerin has received a similar reaction at family. She says, “Most of my family members won’t allow me to sit with them; they will not lend me any of their things. They won’t share their food with me, and, as much as possible, they avoid any contact with me.”

GUK came across Jerin at a field consultation in Nilphamary, January 2012. For the first time Jerin & her mother was given the opportunity to talk openly about the isolation and the sense of desolation that her condition had caused her. As a result of this meeting, GUK began work to improve Jerin’s access to medication & therapy and ensured that she received regular visits from a physiotherapy & Community trainer who could monitor her repercussion and help her reintegrate into her community. GUK also became active in changing the stigma and misconceptions that Jerin’s community, like many people across Bangladesh, are upholding.

In a year Jerin’s life has changed immeasurably. GUK support has boosted her self-confidence and attitudes within her community are rapidly changing. GUK IE Project technical team assessed and prepared a rehabilitation plan for her parent. As per the plan Physiotherapist of project has been given advice to her mother about therapeutic service and community trainer Lata Dey helped to make a parallel bar by family contribution. A walking aid also was provided by the project support. Gana Unnayan Kendra (GUK) also included her parent into a four day long training (Training for the Caregivers) where her mother Morsheda Khatun practiced therapeutic intervention and the use of assistive devices based on Jerin’s individual needs to improve her movement.

As a result of project initiative she is able to walk 2-3 steps without support. In the month of January 2013 she was also enrolled into the pre-primary class of nearest Dakkhin Kaniakhata Government Primary School. Her condition improved day by day. Now, Jerin can walk without assistance from others. She can go to school, roam around her neighborhood, can use bathroom and toilet independently. Her parents along with her peers, teachers and community people are astounded seeing her improvement. Now she does not feel excluded. She can write few alphabet and goes to school regularly.



***Case study 2: Hearing and Speech Impaired Asamoni Can Speak and go to school regularly with the initiative of IE Project***

Ashamoni, aged 12 years a child with hearing and speech impaired father Mr. Abdur Razzak is a day labor and Mother Ms. Farida Yesmin is a housewife, lives in the village of Choraikhola basunia para under Nilphamri Sadar upazilla of Nilphamari district. She has speech and hearing impairment since her birth. She has a sister and a brother who have no impairment. Ms. Farida Yesmin said she took her child to the school for admission but was not allowed in the first instance. She was identified by the project in January 2012. After identification she was enrolled at Choraikhola Govt. Primary school in the year of 2012 under this project



She was tested in Rangpur Hearing Care Centre and was provided with hearing aid under this project. Using the aid and with the assistance of her parents, peers, teachers and community people and the assigned community trainer for her locality, she was gradually able to recognize words and to pronounce simple words and sentences. “When I hear words, especially, MA (mother) my tears knew no bound” – Her mother said. Now, she is able to communicate with others with simple words and sentences. Her voice quality is improving day by day. Everyone around her is very happy to see her improvement to communicate independently and greets her with warm welcome wherever she goes. Now she reads in grade II in the same school. Teacher Ms. Marufa & Mr. Narayon Roy both said, “She comes to school regularly.”

- *How did the state services cope with the increased demand generated by the project?*

During interview, the Upazilla Education Officer Md. Rabiul Islam of Dimla Upazila in Nilphamari informed that the government has planned to bring children with disabilities into the mainstreaming schools. The government has already asked to send the requisition for number of Braille books needed for children with visual impairment for 2015. The government has allocated 50,000 taka to the Upazila for assistive devices for the persons with disabilities.

- *Did the project interventions result in any unexpected positive or negative change in the life of disabled children?*

The project interventions resulted a number of unexpected changes in the lives of the targeted children with disabilities. The changes could be categorised in two major areas:

**i) Reduction of effect of impairment and disability:** It was observed and reported that the children with disabilities utilized the resources and services available in the resource centres, along with receiving education in inclusive environment with other children in the mainstream schools, which reduced their impairment or effect of impairment. The functional abilities of a total of 768 children with disabilities (male 461, female 307) have improved due to the IE project intervention. During discussions with the parents groups, teachers and child club members, it was reported that they had observed significant improvement in functional abilities of children with disabilities. For instance, the case study of Hafsa Jerin Akhtar, a seven years old girl with cerebral palsy shows how access to medication and therapy had reduced her impairment. Some of the parents reported that the salivary flow of their children with

cerebral palsy have greatly reduced because of the physiotherapeutic support. Because of the various assistive devices the capacity, mobility, and confidence of children with disabilities have enhanced. Even some children have come up with excellent academic performance in the final examination. As a part of referral services a number of children with cleft lip, club foot got corrective surgery.

**ii) Reduction of barriers and positive social changes:** Positive changes in the mindset of the children with and without disabilities, their parents, teachers and other community people affected the lives of children with disabilities positively. They now realize the needs and priorities of children with disabilities. The education material, transportation support, extra coaching support and the recreational facilities provided by the project encouraged most poor families to attend regular in the class. CWDs under this project have been immensely benefited through enrolment and retention in the mainstream school as most of whom otherwise would probably have been left out of school had the project had not been initiated. During interview the Rehab Workers mentioned about positive attitudinal changes in the community. Major changes happened among the children and their families and some changes also occurred in the community. Friendship among the children with and without disabilities has developed significantly. “Children do not exclude others, but we, the grown up and mature people do it'- one of them mentioned.

Both children with and without disabilities are growing up in an inclusive environment through friendship, mutual interaction, cooperation, which would have significant contribution towards inclusion of children with disabilities. Participation of children with disabilities increased in sports and recreational activities organized as part of school activities as well as in social activities. “Even we could not accept them before, but now our attitudes have also changed. We know children with disabilities are also capable, if they get proper education, accessibility and positive attitudes from us.” Many mock at us saying that we are trying in vain to teach the mad children, but we know once they understand their mistakes and will be happy to see that children with disabilities are educated with our efforts' - said a Resource Teacher Md. Shah Alam. This positive attitudinal change will affect the lives of children with disabilities greatly.

## 2.5 Sustainability

Although sustainability is a multi-dimensional concept, this evaluation as per the evaluation questions has tried to address two aspects, firstly, the engagement of other education programme leaders in the project areas to ensure complementarities and minimize overlap and secondly, how likely are the benefits of the project to continue after EU funding ceases.

*“Our attitude has changed after we had received training. If disable children get opportunity they can also demonstrate their potential.” Teacher of primary school during FGD*

LCD-GUK IE project worked with the mainstream primary education programme and whatever the project has contributed is likely to largely benefit the primary education system. However, more than 30 NGOs (NSAs) participated in the orientation organized by GUK at the district level who were well informed about the project activities. The major non-government leaders who have been working in the District are BRAC, RDRS and Plan Bangladesh, SKS Foundation, Dhaka Ahsania Mission, World Vision, and POPI. Only Plan Bangladesh has been working in inclusive education with mainstream education in several schools and there is no overlapping as GUK projects were implemented in different schools. All the NGO representatives the evaluation team members interviewed hold a very positive attitude towards GUK implemented IE programme. NGO Coordination meeting is held at the Deputy Commissioner’s Office every month which is a routine venue for learning-sharing and all NGOs working in the district participate. There is a school in Kishoregonj Upazila of the district run by the National

Foundation for Disability and Development for the Intellectually Disable under the Ministry of Social Welfare. The Head Teacher of this school informed that he had not only attended the orientation provided by GUK project but also had the opportunity of learning the work procedures on several occasions. GUK project also supported this school with two covered van for transportation of disable students. This is a government supported institution and it is likely to carry on with many of the learning from the project.

LCD SARO along with GUK networked with various organizations such as the CDD (Centre for Disability and Development), NFOWD (National Federation of Organizations with Disability), Sight Savers International, Save the Children, NETZ Bangladesh, CSID, Action on Disability and development (ADD), and Society for Deaf and Sign Language Users (SDSL). They also worked alongside other government departments and local government representatives at district level including the Department of Social Welfare, Deputy Director of Health Department, District Education Department, Deputy Commissioner of District, Head of Upazila (UNO), Local Government Engineering Department, Chairman of Union Parishad, Civil Surgeons, and similar organizations to exchange experiences and expertise on IE to ensure the programme is as effective as possible. Many of the government departments at the district level were well sensitized about disability issues and are likely to continue their support to the issue wherever they are posted and whenever the need emerge.

The most important achievement of the project, as universally acknowledged by all the stakeholders the evaluation team had interviewed or discussions with, that IE project has been able to trigger the most important awareness among parents, community people and teachers that children with disabilities can be enrolled into mainstream education-it is remarkable change of perception. The project may not be

*"These children were not even worthy to their parents. After they were enrolled into the school parent's mindset have changed"* IERC Volunteer

sustainable as such as it is dependent on grants, but the impact it created at various levels is likely to continue for years to come. For instance, the parents of CWDs expressed their willingness to continue the education of their children. To quote Ms. Sushila Bala (mother of Swapna Rani (9), a student with hearing and speech impairment) whose commitment to send her child to school even after the project ends is reflected as she says, *"GUK has shown us the way and now we will go ahead."* Not only that the parents will support their own children but they will also encourage other parents. On the other hand other parents will be influenced or self-motivated after seeing the progress attained by CWDs after they had been enrolled into the schools. Executive Director, GUK, perceives sustainability in this way, *"The project has been able to create a big jolt in raising community awareness and recognition about the rights of CWDs."*

The teachers of primary schools in the project area especially the teachers who were trained by the project on inclusive education and who were initially mostly reluctant and resistant to enroll CWDs into their school have a complete change of mindset and would never be unwilling to enroll children with disability into the mainstream education. *"We will continue to teach them. It is our duty. We will try as far possible even in the absence of project support"* was the statement of Mr. Krishna Ranjon Roy, Headmaster of Ramdanga Government Primary School, Nilphamari.

*"I feel encouraged by the achievement of the project. This is an unique initiative."* Kha. M. Jahangir, Parliamentary standing committee member.

GUK-LCD contributed to review the DPE inclusive education training module. DEP will use this module for providing training to the mainstream primary school teachers all over the country. The project provided 5 days TOT to 22 ADPOs and PTI Instructors of Rajshahi Division on Inclusive Education in the month of

*"The assistive device, transportation and other support provided by the project has let to an excellent accomplishment."* Md. Abdur Razzak, DD Social Service, Nilphamari.

December 2014, before closing of the project. As they are part of the mainstream primary education, their learning in the training will have some diffusion effect in the system especially through the PTI Instructors and they will provide training to the teacher. They are expected to carry forward their learning in all future

training in accordance of the reviewed module. As part of the mainstream education system, many of these teachers would be transferred to other schools within and outside the district and they will carry with them not only the concept of IE but also the newly induced perception the dispersion of which is expected to continue to increase access and ensure rights of more CWDs in the new schools.

The project has also sensitized the district and upazila level officials not only of the education department but also those of the department of social welfare and department of health as well as the representatives of local government all of whom the evaluation team has interviewed recognized the uniqueness and comprehensiveness of GUK supported project and one local government representative (UP Chairman of Botlagari) has demonstrated extra-ordinary personal commitment to support the enjoyment of the rights and causes of the persons with disability in different ways.

#### **UP Chairman Saydur Rahman Sardar established IERC in the UP Complex.**

The extra-ordinary community initiative is reflected in the activities undertaken by the UP Chairman, Md. Saydur Rahman, Botlagari Union, Syedpur. He has been elected as Chairman for three consecutive term and is holding the in chair since 1997. Being encouraged by the initiative of GUK he has given a room in the UP complex to establish an Inclusive Education Resource Centre. He has also committed that even after the closure of the project he would make arrangement for continuation of the RC. He knows by heart the number of persons (370) with disability in his Union. He gladly cherishes all humanitarian values and is very dedicated to the cause of the disable persons. A benevolent local government leader and representative, Mr. Sardar has decided to increase the holding tax to help the disable people with the money. He kept reserve 10% of the government VGD fund and cash for work fund for the families with disable persons. During last November, 2014 he donated two sewing machines to two disable persons to facilitate their income generation. He has also decided that 5 kilometers road side space will be given for tree plantation by the persons with disabilities, so that they could rip the benefit after selling the trees after few years. Mr. Sardar believes that there is not only self-satisfaction in such kind of work but also reward in the after world. He is committed to help the poor and marginalized as long as he lives.

In relation to the support provided by the project in building infrastructure for ensuring access, this will remain in place and CWDs will continue to be benefited in the years to come. Also some of the assistive device available in the IERC will be used for long and may be replaced by local resource mobilization initiative especially from the Tk. 50,000 annual allocation per upazila(meant for providing necessary assistive device) from the Inclusive Education Cell of DPE. The project had successfully involved relevant stakeholders of the Ministry of Education and MoPME, such as DPE, NAPE and NCTB. The Director General of the National Academy for Primary Education (NAPE), Mr. Md. Nazmul Hasan Khan, in an interview expressed that he is *"highly impressed with the GUK-LCD intervention and the level of achievement"* and informed that on the basis recommendations received from GUK many things will be incorporated for modifications of DPEd.Curriculum-2012 and considerations will be given for increasing credit hours and modifying the assessment system. Professor Dr. Md. Abdul Mannan, Member, Primary Curriculum, National Curriculum and Textbook Board (NCTB), acknowledged that many of the recommendations put forward by GUK and some other stakeholders are under serious consideration and *"required changes will be considered for textbook in the light of those recommendations while curriculum change is unlikely to happen before 2017"*. The NCTB members greatly appreciated the intensive and comprehensive effort and visible achievement of the IE project. At the institution level,

*"Lot of changes has taken place among the beneficiary children." Extra Tutor in a focused group*

the project had developed various documents, learning materials, and IEC materials. Many of this documentation, materials and IEC materials could be used by others as reference and also by GUK in its other projects. GUK in another project on livelihood in the

district has formed livelihood group where families with disabled individuals are included in the project so that they get livelihood support. GUK senior management also expressed its commitment that in other projects implemented by GUK the issue of disability gets needed importance. The capacity of GUK as an NGO has been noticeably strengthened in the matters of disability and it has the potential to replicate this model provided financial resource is available. Most of the staff who worked in the project has demonstrated their skill and capacity obtained through series of training, workshop, orientation, skype discussions with LCD-SARO office and one exposure visit to India and the experience they gathered from working with the target group. Many of the technical senior staff will be retained by GUK in its other projects and some others will possibly get opportunity to render similar type of service in alignment with their skill and experience. The Physiotherapist working in the project has got an employment in Handicap International and more children and people with disability will benefit from the service she will render and the staff and the organization she would work with will benefit from her expertise and experience.

At the community level members of the Parents Group, Alliance Groups, Child Club will remain in the community and expressed willingness to continue group activities for their own benefit. Mothers of some disabled children who had observed practice of therapy at the Centre have learnt the practice and will use them for the betterment of their children. The 400 Rehabilitation Workers, Resource Centre Volunteers will also remain in the community who are likely to be useful resource in the community. Discussions with child club members, alliance groups and parents club revealed that they are determined to continue activities even after the cessation of the project. However, without project support their spirit may gradually lose momentum.

In spite of many good things and practices delivered and injected by the project, project staff and some other stakeholder expressed concern that some children from vulnerable families who had been receiving, transportation allowance may not be able to continue after the withdrawal of project support. Some others who used to receive educational materials like exercise books, pen etc. may get disheartened as some parents are too poor to afford educational expenses of their children. Community, school and teachers may be positive but extreme poverty remains a persistent barrier. The UEO of Dimla Upazila apprehends that, *"Many things will not run as consistently as before-whatever is the level of effort from our government side-the implementation will not be at the same level of effectiveness as done in the project model."* In this respect the retention and future enrollment of CWDs in the project area will remain a great challenge.

A major weakness of the project in respect of sustainability is that the project did not devote any time or effort for developing strategies for sustainability of results. All stakeholders including the parents and beneficiaries opined that the duration of the project was too short such a comprehensive and diversified project. LCD has not developed any sustainability plan nor was there any personnel assigned for the purpose of fund raising in LCD London Office for continuation of the project. GUK also has not developed any sustainability plan locally nor was there any clear cut exit strategy. However the emphasis should have been on further extension of the project for another three to five years in order to leave greater and long lasting impact on the community.

### 3. Conclusion, lessons learned and recommendations

#### 3.1 Conclusion

The project has been able to remove a great mental barrier that children with disability are not worthy of getting education. A great change in the perception of parents has been brought that children with disable children are also worthy of inclusion in the mainstream education. Similar change has been brought in the minds of school teachers. This has been acknowledged to be a unique model of integration and inclusion by preparing the child, the family and the school. CWDs, their families, school teachers, Extra Tutors, Rehab Workers, IERC Volunteers, Alliance members, local health and social service staff - all have been directly or indirectly benefited from the project and regretted its short duration. It has been undoubtedly and empirically evidenced through this project that children with disabilities could be involved into the mainstreaming education, if their abilities and potentials are properly assessed and they receive appropriate support, cooperation and guidance. But there was a need to continue the effort of awareness building for longer a period. If the project received support for at least five consecutive years all stakeholder would have the opportunity of observing the real final outcome of at least one cohort of CWDs studying from grade I to V. That would have been a real piloting and experimentation. LCD in this case should have played a more effective role to manage donor fund for the continuation of the project for another few years. GUK also has not taken any initiative for searching for donor support to continue the project. In the absence of the project support it is highly likely that CWDs from extreme poor families who receive transportation, education materials and other support may stop attending school. If a sustainability plan was developed before the closure of the project at least to find a way of providing those supports as long as they continue in the primary school, the families affected would have been assured for continuation of their children in the school. So, there is threat to retention of CWDs in the school. Moreover, the evaluation team did not evidence any clearly articulated sustainability strategy or exit plan for the project which indeed is a great weakness of the project.

As far as the quantitative target of the project is concerned they project has successfully delivered its output. However, it is difficult in a short time bound evaluation to perfectly judge the quality of deliverables and the appropriateness of their process. The project is undoubtedly designed to make it fully comprehensive with all honest intentions. But if we review the increase of some target than originally designed in the project some questions might arise about their efficacy. For example the number of schools has been increased from 100 to 262 which is a 162 percent increase without bringing any proportional increase in the number of staff especially the number of Community Trainers (CT). Such change only to reach the 2100 primary target group is indicative that the initial identification of the approximate number CDWs per school had been erroneous. With 262 schools the average number of school per CT is 26.2 the load varying from the lowest number of 15 school to the highest number 28. This hardly allows most of the CT to visit one school per month, leave aside the looking after other activities such as attending the parents group meeting, the child club meeting, Alliance Group meeting, visiting the IERC, overseeing extra coaching activities, interacting with parents at the household level, contacting the LAs, the local government, number of NSAs to liaison with. Lot of time had to be spent in providing orientation to large number of parents, alliance group members and others. The number of working days per month does not permit so many things practicable. It was observed that many staff members had a feeling of mental stress and anxiety that derived from overload. This may lead one to infer that the project put much emphasis on quantity rather than on quality.

The resource allocation and budgeting were not properly planned at the beginning for which alignment of line items failed to allocate resources efficiently and proportionately. This is indicative of making

GUK's weakness in budgeting and target setting. This should have been sorted out at the project development stage on the basis of field experience. This has also led to disproportionate balance between quantitative and qualitative achievements. Avoiding accumulation of unspent money at the end of each quarter needed proper programme planning requiring efficiency of the project leadership as well as better coordination between programme and finance. GUK should work out mechanism to increase the capacity of the future project leadership. Spending some more money by increasing number of IERC instead of increasing the number of schools would have been better, as the number of IERC was considered extremely inadequate and it was difficult for some CWDS to come from long distance of even twenty km to avail the services. The establishment of the IERC was considered by most to be a vital and effective input from the project. As these IERCs were useful in increasing the functional ability of the CWDs a mechanism should have been developed to keep them running. Most stakeholders we had interaction with believe that without the support those IERCs had been receiving and the position of IERC Volunteers, many will cease to exist or become non-functional. Government schools do not have resource to support them.

In the process of selection of teachers of primary schools for IE training, the project depended fully on the district level bypassing their direct supervisors (AUEO, UEO) and the headmaster of the school concerned. This probably was not technically acceptable as some of the UEOs, and AUEOs expressed their resentment about this process. There was reportedly no coordination between district and upazila education officials in this regard and allegedly some selection bias by the DPEO. Moreover, the wide perception among the local education authorities is that if the headmasters, the UEOs and AUEOs were given training it would have enhanced the possibility of making the project more inclusive ensuring access of more children with disability even outside the project schools and ensured better ownership of the process and outcome (although GUK management believes that if headmasters were given responsibility they would not have managed enough time to address the needs of the children with disability). It was also evidenced that the project missed to involve the School Management Committee (SMC) effectively who could have been instrumental in taking some of the responsibilities of sustaining the selected project activities. But the project missed to orient the SMC as a separate stakeholder group. Although resource was not a constraint, not providing training to the SMC and UEOs and AUEOs is a missed opportunity for the project.

This project experience has tremendously enhanced the organizational capacity of GUK on inclusive education and disability. But the question is how long this capacity enhancement can be retained in the absence of engagement in similar project activities. Although most of the senior staff has been retained, they are likely to lose their capacity and skill or may move to other organization unless further investment to retain the capacity is assured. LCD should seriously explore whether the project can be revived with new funding or initiate similar other project to renew the meaningful and effective partnership that help to promote the cause of the disabled people. GUK has also its own responsibility how it can best utilize its experience and expertise in the field. GUK has an opportunity to constantly follow up with the policy note handed over to the top level policy makers, and also to the process of curriculum and text book review to demonstrate its interest to play an active role and to remind the government of its capacity. Opportunity might arise in any moment to work together with the government and uphold its leadership role. It has a responsibility as a member of civil society to share and disseminate its learning from the project.

The project has mostly supported CWDs with the mild and moderate disability. One thing has been ignored where the CWDs will get opportunity after their primary school graduation. So, there is a need to advocate for introducing inclusive education at the secondary school level. Government may think also of establishing one specialized school in each district although is not in line with IE principle but

could be useful for children with profound and severe disabilities. This may also open opportunity for children with disabilities other than mild and moderate if the establishment of the rights of person with disabilities is given importance. It is also important to mention one thing here that DSS runs several centres for the disabled children countrywide. As those are welfare oriented their education, curriculum are not taken well care of. So, there is a need for coordination between NCTB and DSS as DSS is not specialized in education or curriculum development.

### 3.2 Important lessons learned

- The most important learning from this project is that it is possible to teach children with disabilities with the effective training of existing mainstream school teachers. A key change has been brought among the teachers only by providing a good and effective training on Inclusive Education indicating the need for providing such specialized training for the government primary school teachers for the promotion and expansion of inclusive education in the primary education system. As the project was a piloting or experimentation only in one district, and it has proven to be a unique model of inclusive education with community participation, the lessons learnt should be up taken by DPE to validate the model's expanded replication.
- The project was successful in creating an environment of participation of parents, teachers, community people and local authorities in promoting the concept of rights of people living with disability. One of the most important achievements is involving the community in the project. The involvement of multiple stakeholders expedites the process of bringing positive attitudinal changes at all levels of the society. However, the period of three years is too short to sustain the long term effectiveness of the project as the jolt created to bring social change is highly likely to lose momentum with the cessation of the project support. So, the project period should have been extended for another 3-5 years. Long perceived societal attitude cannot be removed in a span of three years. More works need to be done to increase awareness and change perception to further impact the creation of an inclusive society.
- If CWDs are assessed properly focusing on their abilities/capabilities, are provided with transportation, education materials and IERC made available at their door step, most children with disabilities will be able to cope up with the mainstream education. CWDs could be turned into individuals with dignity and rights by creating a supportive and friendly environment for them. The key lesson here is that inclusive education could be implemented easily with backup support through rehabilitation and other services. If appropriate environment for children with disability are created, they can be retained in the mainstream education system and will not be considered a burden.
- Although many of the government primary schools had built ramps, those were not physically accessible as the height, slope and width were not up to the standard to facilitate physical accessibility. This identification is a great learning for the mainstream primary schools so that all future ramps are built taking these into consideration and public resource is not wasted in vain. DPE should take necessary measures and precaution so that ramps built in future should follow appropriate design and standard so that they are really physically accessible to the CWDs. It is also an important learning for the mainstream programme in general that only the changes in the infrastructure will not be enough. Government team can visit the schools where ramps were building by GUK project for comparative assessment.
- The focus of the project was on access and rights and as such the academic performance of the CWDs got lesser importance. The mechanism for assessment of the academic performance, the quality and

techniques of teaching and competency attained did not receive adequate importance. Future such projects should look into experiment this aspect.

- There was no screening tools in the IE training module of the project to identify types and degrees of disability among the children studying in the school which was very important to identify as there might be children with hidden or unrecognized disabilities. There is a guideline in the DPE teachers training module which could be adopted in the IE teachers training module of GUK.
- Implementation of project with direct partnership of overseas NGO without having their physical presence can also be successful provided both work hand in hand. However, log frame should careful target setting
- It was an understanding gap on the part of GUK. Government does not sign any MoU with any national NGO nor with any international NGO unless the resource is channeled from the latter through government treasury. Any bilateral MoU is usually sign with the government before the initiation of the project.

### 3.3 Recommendations

- The conduction of baseline survey was delayed almost one and half year such delay is likely to have might be confounding effect on the achievement of the intervention assessed during the end evaluation. Baseline should always be conducted before the initiation of the intervention. LCD-GUK should avoid such delay in future. More over in any future baseline study of Children with disability the social model of disability should be adopted rather than medical model of disability, more from a cross cutting and rights-based perspective.
- The project missed to provide training SMC, UEO and AUEO which would have made the collaboration more effective. During future programme GUK should consider this missed opportunity as a lesson learnt and should include SMC and local level departmental officials who directly supervise the teachers in the training from the very beginning of the project.
- GUK should uphold the lesson learned from the project and should replicate the learning in other education projects. GUK should follow up with the Ministry of Education to ensure that the policy recommendations do not remain bound in the red ribbon and are executed for the promotion of inclusive education. It should also maintain liaison with DPE and NCTB for and NAPE to follow up with the related work done on the basis of learning of this project.
- As the experimentation of the project model with community participation has proof to be a successful one DPE should try to NGOs to replicate the model in at least in the low literacy and hard to reach areas.
- As the training of teachers on IE organized by LCD-GUK was very effective and there was large scale demand for such training at the field level, government should involve GUK and take the services of similar NGOs to train the teachers of the mainstream primary schools.
- It was found that IE training module for teachers training of GUK did not include any session on screening the type and degree of disability. GUK can adopt this session from the DPE- IE training module if it intends to provide training in future to the mainstream school teachers and staff.

- GUK should develop an organizational policy on disability and at least 2-3 percent of its staff should be persons with disability for greater reflection of its commitment towards disability. GUK's office premise should also be made physically accessible for the disable.
- Project did not have any sustainability and exit plan. The sudden departure of the project in such a short time may result in loss of momentum of various achievement and impact. Project of this type should have a sustainability plan or strategy. LCD should London office should have a position of fund raiser who could be instrumental in exploring fund for maintenance of long term partnership and continuation of project for a longer period.
- The evaluation evidenced some problem related to target setting and budgeting from the very beginning of the project. This could be avoided by insuring better coordination between program and finance. GUK should consider it as a lesson learnt so that such problem is not encountered in future project implementation. The resource allocation and budgeting should also be planned more carefully and properly at the project planning and designing stage.
- Although rams have been built in some mainstream schools by DPE but those do not facilitated physical access because of the faulty design. DPE should take necessary measures and precaution so that rams built in future should follow appropriate design and standard so that they are really physically accessible to the CWDs. Government team can visit the schools where rams were build by GUK project for comparative assessment.

## Annex 1

### Terms of reference

#### **TOR for the final evaluation of the EU funded project in Bangladesh: “Promoting rights through community action: improved access to inclusive education for children with disabilities”**

##### **Background**

In May 2011, the European Union Delegation in Bangladesh awarded Leonard Cheshire Disability a grant of a maximum amount of 785,133 Euros representing 75% of total cost to implement the project :” Promoting rights through community action: improved access to inclusive education for children with disabilities”. This project was planned for 36 months starting in January 2012 and ending in December 2014. Activities are implemented by Leonard Cheshire Disability and Gana Unnayan Kendra (GUK) in Nilphamari District, Rangpur Division. Nilphamari District is one of the poorest districts in northern Bangladesh and has particularly low literacy rates compared to the country average of 25.5%. The gender disparity is particularly pronounced at 17% for women. Due to the financial costs associated with education, families often choose to send a boy to school rather than a girl. Child labour is also very common in Bangladeshi society with national legislation rarely enforced. Girls with disabilities in particular are often engaged in household chores such as looking after their siblings, doing household work and rearing animals.

The **overall objective** of the project is to create an enabling environment for the promotion of inclusive education by working with children with disabilities, their parents, teachers, local schools and the education authorities. The action worked towards an inclusive and empowered society where all children with disabilities enjoy their right to education on an equal basis with others, by supporting Non States Actors (NSAs) and Local Authorities (LAs) to build and replicate a successful model for inclusive education.

##### **The specific objectives are to:**

1. Enrol and retain 2,100 children with disabilities in 100 mainstream schools in the selected project location: This is essential to improve the life chances of these children and to demonstrate to all stakeholders the benefits of inclusion for all children, both disabled and non-disabled.
2. Provide quality inclusive education through capacity-building of key stakeholders including parents and teachers: A supportive learning environment at school, in the community and at home, as well as quality and appropriate teaching, is essential to inclusive education. This can be achieved in partnership with multiple stakeholders such as parents, teachers, education authorities, civil society agencies and state officials, through large scale capacity building programmes on various aspects of inclusive education.
3. Ensure barrier-free access to education and to the necessary accompanying health & rehabilitation services, through linkages with LAs, NGOs and civil society organisations: Children with disabilities are prevented from enjoying their right to education by attitudinal, institutional and environmental barriers. An important barrier is the lack of transport for children with physical disabilities and project will work with Parents Groups to develop local solutions. The action will work to remove all barriers and to enhance the functional abilities of children with disabilities through comprehensive rehabilitation services provided through linkages with appropriate stakeholders.
4. Create a knowledge base on the concept, strategies used and all aspects of inclusive education and facilitate linkages with NSAs in order to support collective actions of a larger alliance: Creating the

knowledge base is essential in supporting these stakeholders to encourage appropriate attitudes, perspectives, knowledge and skills for effective partnership and collective action. Information, Education and Communication (IEC) materials in fully accessible form will be made available to all the concerned stakeholders and will serve as reference guide to address issues which they encounter in the process of supporting inclusive education

5. Ensure the effective implementation of Articles 7, 24, 25 and 26 enshrined in the UNCPRD through mobilisation, partnership development and alliance building processes: The key focus of this action is to increase the voice and capacity of NSAs, such as civil society agencies, community based organisations, interest groups, human rights networks/movements and groups of disabled people and their parents towards creation of an inclusive and empowered society. The action seeks to build an alliance of multiple stakeholders in order to strengthen the voice and capacity of NSAs to work closely with LAs and state agencies in promoting the right to education of children with disabilities at all levels. This will be achieved through the interface with education, health care, local authorities, local governing and disability welfare systems, in support of the delivery of effective inclusive education.
6. Improve the quality of education for disabled children by working with local education authorities, the Ministry of Education and teacher training institutes to work towards the development of an appropriate national primary school curriculum to ensure that it is sensitive to the needs of children with disabilities, and to develop inclusive modules for in-service and pre-service teacher training curricula to ensure that teachers are trained in inclusive education.
7. Share best practice and learning with key stakeholders, locally, nationally and internationally.

#### **Purpose of the evaluation**

This evaluation is conducted at the end of the implementation phase to assess progress towards the achievement of project objectives. The main purpose of the evaluation is to analyse key strengths, gaps, success and challenges faced by the implementation, identify lessons learned, good practices and formulate recommendations for future projects. The assessment will be based on the following evaluation criteria: relevance, efficiency, effectiveness, impact learning and sustainability.

#### **Evaluation users and use**

The main users of this evaluation are:

- Leonard Cheshire Disability International Department,
- LCD South Asia Regional Office (SARO)
- The European Union
- Other LCD Regional Offices and implementing partners in Africa and Asia
- Local Authorities and Non State Actors in Bangladesh

Lessons learned from this evaluation will be used to design better inclusive education programmes in the future. Project successes will be documented as best practice and shared internally with other LCD programmes and externally to demonstrate the relevance and effectiveness of LCD's approach to inclusive education.

#### **Evaluation questions**

The evaluation will seek to answer the following questions:

##### **Relevance**

- What approach did the project use to identify the most vulnerable disabled children, including those with hidden disabilities?
- Did the project activities appropriately respond to the critical needs of children with disability? How were disabled children involved and empowered by the process?
- Is the project coherent with national education strategies and policies in Bangladesh?

##### **Effectiveness**

- Did the project deliver the expected outcomes and results?

- How did LA and NSAs capacity building and mobilisation affect the demand and quality of education for disabled children?
- What are the perceived benefits of improved quality and accessibility of school to disabled children?
- How effective were parents groups, child to child groups and outreach activities in changing community attitudes towards disability?
- What worked well to increase the enrolment, retention and learning of disabled children?

#### **Efficiency**

- Did the project deliver the expected output within the specified timeframe?
- What system did the project have in place to ensure the quality of the delivery? (financial system, M&E system, organisational and technical capacity)
- Did the project delivery represent good value for money?

#### **Impact**

- To what extent did the project contribute to an inclusive and empowered society where all children with disabilities enjoy their right to education on an equal basis with others
- What difference has the project made children's life, their parents, teachers and community leaders?
- How did the state services cope with the increased demand generated by the project?
- Did the project interventions result in any unexpected positive or negative change in the life of disabled children?

#### **Sustainability**

- Did the project engage with other education programme leaders in the project areas to ensure complementarities and minimise overlap?
- How likely are the benefits of the project to continue after EU funding ceases?

#### **Methodology**

The consultant will propose the methodology for this evaluation. This will include both quantitative and qualitative approaches addressing the main stakeholders as well as the direct beneficiaries. Where appropriate, end of project situation will be compared with baseline data. The following activities will be considered:

- Sample quantitative survey in the communities
- Review of existing project documents ( assessment forms, periodic reports etc)
- Review of secondary data (Local Education Authorities statistics, school register...)
- Meetings with relevant stakeholders such as local government units
- Observation
- Focus groups discussions and key informant interviews.

#### **Deliverables**

- Draft report and preliminary findings by 10 December 2014
- Final report by 20 December 2014. This should include an assessment of overall project goal, objectives and approaches; and practical recommendations for further implementation. The report should also include case studies.
- Face-to-face discussion of findings with LCD head office and SARO.

#### **Profile of the consultant (s):**

- Experience evaluating inclusive education projects in developing countries
- Experience conducting and analysing both qualitative and quantitative data
- Good analytical and report writing skills
- Familiarity with disability issues and development context in Asia.

#### **Submission of proposals:**

Interested consultants are invited to submit a proposal by 17 November 2014 to

[ss.deshpande@lcsouthasia.org](mailto:ss.deshpande@lcsouthasia.org) and [claudio.cheta@lcsouthasia.org](mailto:claudio.cheta@lcsouthasia.org)

The proposal should be between 6-10 pages and include the following:

- Understanding of the TOR and the issues to address
- Details of the proposed methodology
- Timetable of activities
- Proposed budget. Should not exceed Euros 8000 including all travel expenses
- CV of lead consultant (s).

Annex 2

Copies of evaluation tools

### Final Evaluation of the Project:

#### **Promoting Rights through community action: *improved access to inclusive education for children with disabilities***

#### **Questionnaire for CWDs**

Date of Interview:

Starting time:.....

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#### **General Information of the respondent:**

Name of the CWD	
Fathers name	
Mother name	
Village	
Union	
Name of School	
Upazila	
District	

Name of the Field Research Assistant: \_\_\_\_\_

Checked and edited by: \_\_\_\_\_

Date :

Q. no.	Questions	Answer	Code	Skip
101	Age of the child		<input type="text"/> <input type="text"/>	
102	Gender	Boy Girl Other(specify).....	01 02 03	
103	Type of disability:	Physical Hearing & speech impairment Visual impairments Intellectual Multiple	01 02 03 04 05	
104	Degree of disability	Mild Moderate Severe Profound	01 02 03 04	
105	Who encourage you to get admission in the school?	Parents Other family members Project Staff Teachers Other NGO worker Self motivation Other.....(specify)	01 02 03 04 05 06 07	
106	Year of admission		2010 2011 2012 2013 2014	
107	What class do you read in?		Class 0 Class I Class II Class III Class IV Class V	
108	Are you attending your class regularly	Yes No	01 02	→ 110
109	If no what is the reason for irregularity Verbatim..... .....	Yes No	01 02	
110	Mode of transport for going to school	Public transport Walking Escorted by other	01 02 03	

Q. no.	Questions	Answer	Code	Skip
		Wheel chair Van provided by project Peer support Other(specify).....	04 05 06 07	
111	Difficulties faces during the way of school	Road is not accessible Lack of helping people Public transport not available Teasing by others No peer support No van from project	01 02 03 04 05 06	
112	What difficulties did you face at beginning of your school life?  (Multiple responsible possible)	Not accepted by classmate Teachers were not positive Lack of trained teacher Lack of assistive device School Infrastructure not conducive Other(specify).....	01 02 03 04 05 06	
113	What type of support you got from the project?  (Multiple responsible possible)	Assistive Device Therapy support Transport fare Educational materials Transport support Extra-tuition	01 02 03 04 05 06	
114	What educational materials did you receive from the project  (Multiple responsible possible)	Notebook Pen/Pencil Geometry box Bag Water pot Audio recorder/Magnifying glass Eraser Sacle Other (specify).....	01 02 03 04 05 06 07 08 09 10	
115	What is your opinion about the quality of materials?	Very satisfied  Satisfied A little unsatisfied Very unsatisfied No opinion	01 02 03 04 05	
116	What were the benefits of the various materials you received? Verbatim.....			
117	Do you face any problem to use these materials?	Yes No	01 02 →	119
118	What type of problem do you face Verbatim..... .....			
119	Are you satisfied with the behavior of your teacher with you?	Very satisfied Satisfied	01 02	

Q. no.	Questions	Answer	Code	Skip
		A little unsatisfied Very unsatisfied No opinion	03 04 05	
120	What type of cooperation do you get from your teacher? Verbatim.....			
121	Are you satisfied with your classmate's behavior with you?	Very satisfied Satisfied A little unsatisfied Very unsatisfied No opinion	01 02 03 04 05	
122	Do you participate in indoor and outdoor activities with other children?	Yes No	01 02 →	125
123	Please name some of the co- curricular activities you participate	Sports Cultural program Drawing picture Other(specify).....	01 02 03 04 05	
124	How do you participate? Verbatim..... ..... .....			
125	Why don't you participate co-curricular activities?  Verbatim..... .....			
126	Have you been receiving any health and rehabilitation services from the project?	Yes No	01 02 →	130
127	What type of health and rehabilitation services you have been receiving?  Verbatim..... ..... .....			
128	How have you been benefited from the health and rehabilitation services?  Verbatim..... .....			
129	What is your openion about the quality of the health and rehabilitation services	Very Bad Bad So so Good Very Good	01 02 03 04 05	
130	Did you faces any problems to get the service from the project	Yes No	01 02 →	132
131	What type of problems did you face?			

Q. no.	Questions	Answer	Code	Skip
	Verbatim..... .....			
132	What changes do you perceive in the behavioural patterns of your parents and others after your admission into school?			
	1. Parents	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	2. Other family members	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	3. Villagers	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	4. People in the market	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	5. In public transports	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	6. Responsible govt. officials	Supportive Moderate Not cooperative Same as before	01 02 03 04	
	7. Religious Leaders	Supportive Moderate Not cooperative Same as before	01 02 03 04	
133	Do you ever face any harassment in the village or in other public places?	Never Seldom Often Always	01 → 02 03 04	137
134	What type of harassment do you face? (multiple response possible)	Mocked Teased Beaten Tormented Sexually harassed Physically harassed Raped Other.....(specify)	01 02 03 04 05 06 07 08	

Q. no.	Questions	Answer	Code	Skip
135	Who inflict these harassments?	Relatives Neighbor Friends/classmates Strangers Other.....(specify)	01 02 03 04	
136	Has there ever been satisfactory trials of these harassment?	Yes No Very rare	01 02 03	
137	Are you a member of the child club?	Yes No	01 02	
138	Do you participate in the regular activities in the child club?	Yes No	01 02	
139	In what activities of the child to child club do you participate Verbatim.....			
140	How were you benefited as member of the child club? Verbatim..... .....			
141	Do you have any suggestion for improvement of the child club? What are those? Verbatim..... .....			
142	Do you go to the inclusive education resource center (IERC) regularly?	Never Regularly Casually Frequently Very rare	01 02 03 04 05	144
143	What type of facilities do you enjoy from the IERC?	Therapy support Special tuition Collect information Training on ADL Mobility training Training on co curricular activities Referral services Other ( specify).....	01 02 03 04 05 06 07 08	
144	Had there been no project support do you think you could get enrolled in the school?	Never Hardly Don't know Yes	01 02 03 04	
145	Would you like to continue your education after the project support is withdrawn?	Yes No Not possible	01 02 03	
146	Has there been anything you feel that the project has not done but could be better of the CWDs ? Verbatim.....			

Q. no.	Questions	Answer	Code	Skip
	.....			
147	What else could be done for the betterment of the CWD ? Verbatim..... .....			

Thank the respondent and terminate the interview

Finishing Time:

### Checklist for Parents: 02

Date of FGD.....

Name of the parents group:

Number of group members:      Number of males      Number of females

Union:

Upazila:

Sl No.	Name of the parent	Sex (M/F)	Age	Type of disability of the child	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

1. You are aware that GUK is running an inclusive education project in the district? Please tell us something about the major project activities you know about?

2. Did you receive any support from the project? What type of support did you receive? Was the support adequate?
3. What is your opinion about the quality of support provided by the project?
4. Did you receive any training from the project? What did you learn from those training? Are you satisfied with the quality of training?
5. What changes have been brought in the life of your children and the family through this training?
6. What role do you play as a group to improve the education of children?
7. What role do you play for the rehabilitation of the CWDs?
8. What role do you play to ensure the health services of the CWDs?
9. How often do you meet as a group? What do you do in the meeting?
10. What barriers did you face for getting your disable children access to admission into mainstream schools? Do these barriers still exist? If so, what are those? If no, why do you think these changes have occurred?
11. Is the school and the teachers were cooperative to give admission to CWDs before the project started? Has the situation changed now? To what extent, please elaborate.
12. Has the attitude of villagers towards CWDS have changed compared to the pre-project period? Please elaborate.
13. Do the CWDs face any problem on the way to school as compared to the initial project period such as acceptance by the community, classmate, in public places, public transport etc.
14. Have there been any visible changes in terms of mocking, teasing, tormenting or inflicting physical harassment on the CWDS by people around as compared to the pre-project period?
15. Has there been any change in the attitude of parents of CWDs after they had been involved in the activities of the inclusive education project? Please explain in detail the changes you perceive.
16. How do you think this project was useful for your children and for the family?
17. Was the GUK project staff fully supportive? Are you satisfied with the services they provided? If no, why?
18. Is there anything that you want to mention which the project missed to do and would have added value if those were done.
19. Is there any network or federation of which your group is a member? If so has anything been done from the federation? What are those?
20. As you know the project comes to end at the end of December this year- Will you continue your activities, how are you planning to do that?
21. Please give your recommendations how this type project could have run better.

### Checklist for Teachers: 03

Date of FGD.....

Sl No.	Name of the teachers	Name of the school	Sex (M/F)	Union	Upazila	Duration with the School	Received IE Training (Y/N)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

1. What do you understand by Inclusive Education?
2. Who gave you training on IE?
3. What was the duration of the training?
4. What is your opinion about the quality of training?
5. How many teachers from your school received this training?
6. Was this training useful for you and for the school? Please explain how.
7. What aspect of the training you liked most and why?
8. Is there any aspect of the training that you did not like much? What was that?
9. Do you have any recommendation for improvement of the teachers training of IE program? What are those?
10. Do you think the training has enhanced your knowledge and skill in the education of children with disabilities in inclusive settings?
11. Do you think your knowledge and skill has any reflection in the academic and extra-curricular progress of children with disabilities? Please elaborate?
12. After you had received the training what plan did you take in the school to address the needs of the CWDs?
13. What support did you receive from the project to execute the plan (specify the type of support about each type of disability)? Were the support adequate and of good quality?
14. What else were needed to be done to execute those plans for overall improvement of the?
15. How did you assist the CWDs in their Individual Education Plan (IEP)? Do you think that IEP was good or it needed further improvement? If so, what improvements can be brought to the IEP?

16. What measures did your school take to increase enrollment and improve access of the CDWs?
17. Who are the different stakeholders that assisted you to run the inclusive education activities? What type of support they provided and how those were useful?
18. What were the major challenges you encountered in educating the CWDs? With what type of CWDs you had highest challenges? How did you overcome those challenges?
19. What are the major barriers in mainstreaming the CWDs? What are your suggestions to overcome those barriers?
20. Do you have Inclusive Education Resource Centre (IERC) in your school? What services are available from the resource centre?
21. How the school education programme is benefitting from the activities of the resource centre?
22. How the parents are benefitting from the resource centre?
23. What is your opinion about the quality of services and facilities in the resource centre?
24. What services of the resource centre you consider most useful? Why?
25. Do you have any recommendation for improvement of the resource centre?
26. For improvement of inclusive education in your school did you ever seek any support from your higher authorities? If so, what type of support did you receive?
27. Do you have any observation on the performance of the project staff or any aspect of the project that should have performed better?
28. What is the most important learning from this project and what is the second most important learning from this project?
29. Do you have any recommendations to improve the project activities in future?
30. As you know that the project activities ends on January 31, how are you going to continue the inclusive education activities in the absence of this project support?
31. What are your recommendations to integrate inclusive education in the mainstream primary schools?

### Checklist for Project Staff: 04

Date of FGD.....

SI No.	Name of the staff	Designation	Sex (M/F)	Duration with the project (months)	Working location (Upazila/Districts)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

8.					
9.					
10.					
11.					
12.					

1. We understand that all of you have been involved in the implementation of a very challenging but useful project—Inclusive Education Project. What were the challenges during the initial stage of the project? How many of these challenges still exist?
2. What was the process of identification of the CWDs in the community? How did you assess their needs or was there a need analysis? Do you have report on the needs assessment?
3. Did you sign any MoU with the Ministry of Education or locally with Education, Social Welfare, and Health Department? Can you show us the copies of the MoU.
4. In the absence of an MoU how did you involve the various department to support your activities? Was there any other office order or the like to get their support? What was done to ensure their commitment?
5. Do you consider the support you received from the local education and other department was effective? If yes, why do you think so? If not, why?
6. One of the important project activities was to establish 10 IE Resource Centre---With what did you equip those resource centres? Do you think the RC was effective for the promotion of inclusive education? If yes, how?
7. Was there anything else that you wanted to do but could not do which could have strengthened the Resource Centre further?
8. What process you followed for the formation of alliance groups? What activities were undertaken to enhance the capacity of those groups? Do you think that the group activities were effective? If yes, why do you think so? If not, why?
9. What were done to get the support of the local government? Do you think the involvement of the local government was effective? If so, why do you think so? If not, why?
10. How many teachers from the project were trained? Was the role of the trained teachers effective in the achieving the result on increasing access of the CWDs. Please give examples, how?
11. How many parents were trained from the project? Do you think the training was effective to change the attitude and behavior of parents? Please give examples, how?
12. How many parents groups were formed in the project? What role did these groups play for the promotion of inclusive education? Do you think their role was effective to achieve the results? If so, why do you think so? If no, why not?
13. Some schools were made physically accessible as model schools----what support were provided from the project to make them model schools? How do you compare these model schools with other schools? Did it make any difference to access and impact on the CWDs? What? Please explain.

14. Did you develop IEC materials for the project? Who used these materials? To whom were these materials distributed? How did you measure the impact of the use of those materials?
15. What social mobilization activities did you carry out during the project period? Who were involved locally (at the district, upazilla and union level) in the mobilization activities? What type of impact the mobilization activities had on the activities of the project?
16. Did you receive adequate support from your supervisors for smooth implementation of the project? If not, what else should have been done for better performance?
17. After the project support is withdrawn, do you think that inclusive education activities would continue in the project schools?
18. What is the most important learning from this project and what is the second most important learning from this project?
19. Do you have any recommendations to improve the project activities in future?

### **Checklist for Child Club Members: 05**

**Date of FGD.....**

Name of the child club:

Number of group members:      Number of males      Number of females

Union:

Upazila:

SI No.	Name of the child	Sex (M/F)	Age	Grade in the school	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

1. What activities do you do as members of the child club?
2. How do the activities help in the education of CWDs?
3. How do the club activities help in the rehabilitation of the CWDs?

4. How do the club activities help in the health improvement of the child?
5. What types of project support do you receive to run the club activities smoothly?
6. Do you regularly get the support of the project staff? Who else other than the project staff support you? What types of support you receive from others?
7. What barriers do you face to run the club activities? What measures have you taken to overcome those barriers?
8. What are major barriers to access CWDs into the mainstream education?
9. Do you think the child club members can play any role for the improvement of inclusive education?

### **Checklist for District/Upazilla Education Officer-06**

1. You are aware that GUK with the assistance of LCD has been implementing an inclusive education project in the district/upazila? Has there been any similar activity ever run in this area?
2. How far do you think the project has relevance with the education strategy and policy of the country?
3. Were you or your department involved in the process of implementation of IE project? Please elaborate what was the level of involvement?
4. The project provided training to a good number of teachers on inclusive education? What is your assessment about the quality of training?
5. What is your assessment about the trained teachers in respect of utilization of their skill in promoting the accessibility and quality of education of the CWDs?
6. Do you think these trained teachers can replicate the IE model in other schools? If so, will the local administration provide necessary support to them?
7. Was there anything you feel the project should have done (including the performance of the project staff) but has not done which could have made the implementation more effective?
8. What according to you is the strength of this project?
9. Has there been any weakness of the project that you want to mention?
10. As you know the project activities will end in December, do you think the project schools will be able to continue the IE activities? Do you have any plan or suggestion to sustain the IE model?
11. Has there been any important learning from the project experience? What is that?
12. Do you have any recommendation for the project? What are those?

### **Checklist for DPE officials-07**

1. Do you have any idea about LCD/GUK implemented Inclusive Education Project? What is the current status of Bangladesh in relation to IE in the curriculum?
2. How far is the existing primary education curriculum and primary education textbook inclusive? Does DPE have any plan to make any recommendation to the NCTB to make it more inclusive?
3. Do you think that the existing DPED curriculum inclusive enough? Do you have any plan to make suggestion to NAPE to make it more inclusive?

4. As the current format of the textbook is not addressing the need for inclusive education, do you have any plan to bring any change in the textbook guideline to address the needs of the CWDs?
5. Do you have any plan to make the school fully accessible for children with disabilities?
6. What aspects of LCD/GUK Inclusive education project experience are you planning to integrate?
7. How far you are considering the recommendations from GUK project about making the primary education more inclusive in general?

### **Checklist for NCTB Official-08**

1. Do you have any idea about LCD/GUK implemented Inclusive Education Project? What is the current status of Bangladesh in relation to IE in the curriculum?
2. How far is the existing curriculum inclusive? Does NCTB have any plan to make it more inclusive?
3. Can the curriculum recommend about infrastructural adjustment to address the need of the children with disabilities?
4. To address the special needs of CWDs, is there any plan to accommodate the assessment system?
5. As the current format of the textbook is not addressing the need for inclusive education, do you have any plan to bring any change in the textbook guideline to address the needs of the CWDs?
6. What aspects of LCD/GUK Inclusive education project experience are you planning to integrate?
7. How far you are considering the recommendations from GUK project about curriculum change for inclusive education in general?

### **Checklist for NAPE Official-09** ***(DP Ed. Curriculum)***

1. Do you have any idea about LCD/GUK implemented Inclusive Education Project? What is the current status of Bangladesh in relation to IE in the primary education system?
2. How far is the existing teachers' curriculum inclusive? Does NAPE have any plan to make address the issues disability in the teachers curriculum?
3. Do you have any plan to include alternative communication methods like Braille, sign language etc.
4. Do you any plan to include practice teaching in selected schools where CWDs are learning?
5. Do you have any plan to allocate more credit hours for inclusive education?
6. Are you planning to include special assessment system for children with disability?
7. What aspects of LCD/GUK Inclusive education project experience are you planning to integrate?
8. How far you are considering the recommendations from GUK project about curriculum change for inclusive education in general?

### **Checklist for LCD-10**

1. Why do you think that the project is designed in line with the education strategies and policies in Bangladesh?
2. The IE project has been implemented in Nilphamari District—Is there any particular rationale for selecting the district?

3. Did GUK sign any MoU with the Ministry of Education or locally with Education, Social Welfare, and Health Department? How were the concerned Ministries involved in the project activities?
4. What approach was followed to identify the most vulnerable disabled children?
5. Do you think that the project has achieved the expected outcome and results? How?
6. Does your project experience or monitoring indicate anything to claim that improved quality and accessibility of school of disabled children has been achieved? To what extent?
7. Could you please throw some light on the effectiveness of the roles LAs and NSAs.
8. How do you evaluate the effectiveness of the role of parents group and child group?
9. What M&E system did you have in place to track the quality of deliverables and the desired progress?
10. How was the project managed? Did the financial system and management worked smoothly and efficiently?
11. What is your assessment about the technical and organizational capacity of GUK?
12. Has the implementing NGO been able to hire qualified staff and built their capacity adequately to deliver quality service?
13. To what extent do you think the project has been able sensitize about right to education of CWDs and generate demand about the education of disable children?
14. How has the changes brought by the project especially in the lives of the beneficiary children and their parents has been documented?
15. What do you consider to be the major strengths of the project?
16. Was there any specific weakness that has been identified by LCD or any gap that could not be filled up during the project implementation?
17. What is your opinion about the sustainability of the project? How do you interpret the sustainability aspect at the community level?
18. What is the most important lesson learnt from this project experience in Bangladesh and what is the second most important lesson learnt?
19. Has there been any unintended outcome achieved by the project? If yes, what are those?
20. Do you have any specific recommendations for inclusive education in Bangladesh?

### **Checklist for GUK Management-11**

1. Why do you think that the project is designed in line with the education strategies and policies in Bangladesh?
2. The IE project has been implemented in Nilphamari District—is there any particular rationale for selecting the district?
3. Did GUK sign any MoU with the Ministry of Education or locally with Education, Social Welfare, and Health Department? How were the concerned Ministries involved in the project activities?
4. What were the major barriers in the implementation of the project? What measures were taken from the GUK management to overcome those barriers?
5. What approach was followed to identify the most vulnerable disabled children? What types of difficulties were encountered for identifying and enrolling the children into schools?
6. How did you involve the LAs and NSAs in the project activities? How far their role was effective in achieving the objectives of the project?
7. How do you evaluate the effectiveness of the role of parents group and child group? How far their involvement in the project was successful?

8. What M&E system did you have in place to track the quality of deliverables and the desired progress at the central management level?
9. Does your project experience or monitoring indicate anything to claim that improved quality and accessibility of school of disabled children has been achieved? To what extent?
10. How was the project managed? Did the financial system and management worked smoothly and efficiently? Was the fund flow uninterrupted and timely to deliver the output?
11. Was the qualification and technical competence of the staff you hired fulfilled the requirement of the project? Was the technical and financial support for staff capacity adequate to meet the need of the project?
12. To what extent do you think the project has been able sensitize about right to education of CWDs and generate demand about the education of disable children?
13. Do you think that the project has achieved the expected outcome and results? How?
14. How has the changes brought by the project especially in the lives of the beneficiary children and their parents have been documented?
15. What do you consider to be the major strengths of the project?
16. Was there any specific weakness that has been identified by LCD or any gap in the quality or process that could not be filled up during the project implementation?
17. What were the major weaknesses of project implementation? Please mention whether there was any gap in the quality or process of delivery of inputs?
18. What is going to happen after the project closes? Do you have any plan to sustain the project activities? Do you think that this inclusive education model would continue to work after the closure of the project?
19. Have you chalked out any exit plan with the local education authority/community to sustain the project activities?
20. What is the most important lesson learnt from this project experience and what is the second most important lesson learnt?
21. Has there been any unintended outcome achieved by the project? If yes, what are those?
22. What recommendations do you have which could be useful for better implementation of similar project?

### **Checklist for Local Government -12**

1. You are aware that GUK with the assistance of LCD has been implementing an inclusive education project in the area? Has there been any similar activity ever run or experienced by you?
2. Were you or members of the local government any way involved in the process of implementation of IE project? Please elaborate what was the level of involvement?
3. Did you receive any training from the project? What was the quality of training? What have you done after the training to improve the situation of access of the disabled children in the school?
4. Do you think the project has any impact on the lives of the CWDs and their families? What are those?
5. Was there anything you feel the project should have done (including the performance of the project staff) but has not done which could have made the implementation more effective?

6. As you know the project activities will end in December, do you think the project schools will be able to continue the IE activities? If no, are willing to provide any support from the local government to continue these activities?
7. What according to you is the strength of this project?
8. Has there been any weakness of the project that you want to mention?
9. Has there been any important learning from the project experience? What is that?
10. Do you have any recommendation for the project? What are those?

### Checklist for Alliance group: 13

Date of FGD.....

Name of the alliance group:

Number of group members:      Number of males      Number of females

Upazila:

Sl	Name of the parent	Sex (M/F)	Age	Type of disability of the child	Remarks
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

1. You are aware that GUK is running an inclusive education project in the district? Please tell us something about the major project activities you know about?
2. Did you receive any support from the project? What type of support did you receive? Was the support adequate?
3. What is your opinion about the quality of support provided by the project?

4. Did you receive any training from the project? What did you learn from those training? Are you satisfied with the quality of training?
5. What changes have been brought in the life of children with disabilities through this training?
6. What role do you play as a group to improve the education of children with disabilities?
7. What role do you play for the rehabilitation of the CWDs?
8. What role do you play to ensure the health services of the CWDs?
9. How often do you meet as a group? What do you do in the meeting?
10. What barriers did you face for getting disable children access to admission into mainstream schools? Do these barriers still exist? If so, what are those? If no, why do you think these changes have occurred?
11. Is the school and the teachers were cooperative to give admission to CWDs before the project started? Has the situation changed now? To what extent, please elaborate.
12. Has the attitude of villagers towards CWDS have changed compared to the pre-project period? Please elaborate.
13. Do the CWDs face any problem on the way to school as compared to the initial project period such as acceptance by the community, classmate, in public places, public transport etc.
14. Have there been any visible changes in terms of mocking, teasing, tormenting or inflicting physical harassment on the CWDS by people around as compared to the pre-project period?
15. Has there been any change in the attitude of parents of CWDs after they had been involved in the activities of the inclusive education project? Please explain in detail the changes you perceive.
16. How do you think this project was useful for the children with disabilities and for the family?
17. Was the GUK project staff fully supportive? Are you satisfied with the services they provided? If no, why?
18. Is there anything that you want to mention which the project missed to do and would have added value if those were done.
19. Is there any network or federation of which your group is a member? If so has anything been done from the federation? What are those?
20. As you know the project comes to end at the end of December this year- Will you continue your activities, how are you planning to do that?
21. Please give your recommendations how this type project could have run better.

### Annex 3

#### **A list of sources of information**

1. Md. Nazmul Hasn Khan, DG, NAPE
2. Professor Dr. Abdul Manna Khan, Member, NCTB
3. Shahanaj Pervin, DD, Inclusive Education Cell, DPE
4. Md. Mohiuddin Ahmed, DD, Rangpur Division
5. Md. Raza Mia, Assistant Director, Inclusive Education, DPE
6. Md. Abdur Razzak, DD incharge, DSS, Nilphamari
7. Mr. Dilip Kumer Banik, DPEO, Nilphamari
8. Md. Abdul Kader, Senior Health Education Officer
9. Md. Robiul Islam, UEO, Dimla, Nilphamari
10. Md. Sharif Ahmed, UEO incharge, Kishorganj, Nilphamari

11. Md. Azizul Islam, Chairman Horinchara Union Parishad, Dimla, Nilphamari
12. Md. Ataur Rahman Dulu, Chairman, 4 no Bahagili Union Parishad
13. Md. Saidur Rahman, Chairman, Botlagari Union Parishad, Sayedpur
14. Mr. Shivram S Deshpade, Programme Manager, LCD- SARO
15. Ms. Revathy Rugmini KS, Regional Representative, Bengalur India
16. Md. Mahabub Hosain, Inclusive Education Programme Manager, LCD
17. M Abdus Salam, Chief Executive GUK
18. Anjum Nahed Chowdhury, Director, GUK
19. Surendra Narayan Ghosh, Director Finance, GUK
20. S.K Mamun, Manager , IE project, GUK, Nilphamary

#### **Annex 4: Additional Tables**

**Table-1: Distribution of Upazila Based Sampling Respondents on the Variables on Age, Sex, Disability Type and degree of disability:**

<b>101. Age of the Children with disability</b>	
1.a: 6-10 year	65%
1.b: 11-15 year	35%
<b>102. Sex</b>	
2.a Boy	59%
2.b Girl	41%
<b>103. Type of Disability</b>	
3.1 Physical	29%
3.2 Hearing & Speech impairment	26%
3.3 Visual impairment	12%
3.4 Intellectual	21%
3.5 Multiple	12%
<b>104. Degree of Disability</b>	
4.1 Mild	11%
4.2 Moderate	72%
4.3 Severe	16%
4.2 Profound	.01%

**Table-2: Distribution of Sampling Respondents on the Variables on participation indoor- outdoor and co curricular activities:**

Parameters	Distribution of Upazila Based Sampling Respondents	% Global
<b>122. Participate in indoor and outdoor activities</b>		
Yes	189	88%
No	26	12%
<b>123. Participate in co-curricular activities</b>		
Sports	172	80%
Cultural programme	39	18%
Drawing	60	28%