“Light on the mountain top”

A report on the evaluation of the Project  
CBR for People with Blindness  
Skardu, Northern Area, Pakistan  
May 2008

A Project of  
Civil Society Human and Institutional  
Development Programme, (CHIP)
“Light on the mountain top”

A report on the evaluation of the Project
CBR for People with Blindness
Skardu, Northern Area, Pakistan
May 2008

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(CHIP)

Cover photo
Ali Naqi, a man with multiple disabilities (visual impairment &
paralysis)

Photographs by:
Nazmul Bari
## Content page

<table>
<thead>
<tr>
<th>SL</th>
<th>Chapter</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>2.0</td>
<td>Introduction to the evaluation</td>
<td>6</td>
</tr>
<tr>
<td>2.1</td>
<td>Purpose and key questions of the evaluation</td>
<td>6</td>
</tr>
<tr>
<td>2.2</td>
<td>Key elements of the evaluation</td>
<td>6</td>
</tr>
<tr>
<td>2.3</td>
<td>Foundation of the report</td>
<td>7</td>
</tr>
<tr>
<td>3.0</td>
<td>Introduction to Skardu, Baltistan</td>
<td>8</td>
</tr>
<tr>
<td>4.0</td>
<td>Evaluation methodology</td>
<td>10</td>
</tr>
<tr>
<td>5.0</td>
<td>Introduction to CHIP</td>
<td>14</td>
</tr>
<tr>
<td>6.0</td>
<td>Introduction to the CBR project</td>
<td>14</td>
</tr>
<tr>
<td>7.0</td>
<td>Project approach and strategy</td>
<td>15</td>
</tr>
<tr>
<td>8.0</td>
<td>Project impacts and future considerations</td>
<td>17</td>
</tr>
<tr>
<td>8.1</td>
<td>At CBO level</td>
<td>17</td>
</tr>
<tr>
<td>8.2</td>
<td>The master trainers</td>
<td>22</td>
</tr>
<tr>
<td>8.3</td>
<td>Persons with visual impairments and their families</td>
<td>26</td>
</tr>
<tr>
<td>8.4</td>
<td>Community awareness and participation</td>
<td>29</td>
</tr>
<tr>
<td>8.5</td>
<td>Networking and linkages</td>
<td>31</td>
</tr>
<tr>
<td>8.6</td>
<td>Possibilities of extending the services of the project in further stages to include people with other kinds of disabilities</td>
<td>34</td>
</tr>
<tr>
<td>8.7</td>
<td>Project monitoring and reporting</td>
<td>37</td>
</tr>
<tr>
<td>8.8</td>
<td>Gender Issues</td>
<td>38</td>
</tr>
<tr>
<td>8.9</td>
<td>Lasting effects of the project</td>
<td>38</td>
</tr>
<tr>
<td>8.10</td>
<td>CHIP Staff members</td>
<td>39</td>
</tr>
<tr>
<td>8.11</td>
<td>Replicating the method and necessary adaptations</td>
<td>40</td>
</tr>
<tr>
<td>9.0</td>
<td>Annexure</td>
<td>42</td>
</tr>
<tr>
<td>9.1</td>
<td>Group discussion findings of CHIP staff at Skardu</td>
<td>42</td>
</tr>
<tr>
<td>9.1.1</td>
<td>Strengths of the project</td>
<td>42</td>
</tr>
<tr>
<td>9.1.2</td>
<td>Strengthening and improving the program</td>
<td>43</td>
</tr>
<tr>
<td>9.2</td>
<td>Evaluation Diary</td>
<td>46</td>
</tr>
<tr>
<td>10.0</td>
<td>List of Acronyms</td>
<td>47</td>
</tr>
</tbody>
</table>
1.0 Foreword

It will always be difficult for someone living outside to comprehend the barriers and challenges that persons with disabilities face in the terrain of Skardu, Northern Areas of Pakistan.

Skardu is a place with extreme winter conditions forcing people to virtually spend their lives indoors for nearly six months. During this period development activity for the regular people comes to a near standstill.

Transporting from one location to another is time consuming at Skardu due to the crisscross roads in the high altitude mountains. Many places are not accessible by roads where traveling by foot is the only option. Besides, there is hardly any local transport system.

The challenges of this area are further compounded with the socioeconomic and political challenges of the area.

The project CBR for people with blindness is perhaps the very first initiative in the area to rehabilitate the people with blindness within their communities by increasing their mobility and creating a favorable environment within their homes and communities. CHIP has motivated, built the capacity of local CBOs and resource persons to address issues related to visual impairments within their communities. Simultaneously synergies have been created with resource organizations and influential individuals to strengthen this initiative. As a result of these collaborative efforts with the support of Dark and Light Blind Care, positive changes are evident among the people with visual impairments and the community. However, as the primary problem of 'restricted mobility' is largely addressed, correlated needs have risen. People with visual impairments are coming out of their homes applying their newly learnt mobility skills, they are now less dependent on others, and with it their expectations of a better future have arisen, they now seek education, they seek livelihood, they seek better health services, they seek equal opportunities and rights. As an effect of the project the stakeholders are thinking for the service needs of people with other disabilities in addition to the needs of the persons with visual impairments. The CBR Project of CHIP has started a momentum of disability movement at Skardu, which is still at its bud, it needs to continue, and given the opportunity to bloom, as like the beautiful flowers of Skardu.
The evaluation was initially planned for March 2008, but due to unforeseen barriers, it was delayed and finally took place in May. It was possible only because of the positive intentions of all involved. The support extended by CHIP to conduct the evaluation is well appreciated. The cooperation that was received from the CHIP Skardu team, CHIP’s partners, persons with visual impairments and their family members was an important element in making the evaluation a success. Finally, appreciation is extended to Dark & Light Blind Care, as this evaluation have allowed a participatory study of the CBR Project at Skardu, finding of which is expected to positively influence the lives of persons with disabilities at Pakistan and at the same time the learning acquired will also be contributive in strengthening CBR projects in other countries, like in Bangladesh.

Nazmul Bari  
External consultant
2.0 Introduction to the evaluation

2.1 Purpose and key questions of the evaluation

Civil Society Human and Institutional Development Programme (CHIP) in partnership with Dark & Light Blind Care are implementing the project CBR for people with blindness, at Skardu, Pakistan since March 2006.

The project was designed after extensive analysis of the Participatory Situation Analysis (PSA) exercise findings of 49 villages of Skardu. The purpose of the project is to facilitate the process of social inclusion for the people with blindness through the provision of Community based rehabilitation services. The expected results of project are as follow:

- At least 8 CBOs at the end of the project will be able to act as training and resource centers for blind and will create awareness;
- 16 Master Trainers will be available with CBOs by the end of June 2008;
- 88 people with blindness and visual impairment will be able to manage mobility and daily life activities with minimum attendant’s support by the end of June 2008;

In order to get a feedback on the advantages and disadvantages of project implementation strategy the external evaluation was planned. The specific purpose and key questions addressed under external evaluation as identified jointly by CHIP, Dark & Light Blind Care and by the external consultant were:

- To establish whether the method of community based rehabilitation used in this project is suitable to be replicated in other areas.
- Learn strengths and weaknesses of the approach used.
- Advise on possibilities of replicating the method in other areas.
- If re-duplicable, advise on necessary adaptations

2.2 Key elements of the evaluation

The evaluation had considered and covered some key elements. These elements had included:

- Impact of the project on persons with visual impairments, the community and major stakeholders
- Effectiveness and efficiency of the project
- Participation of stakeholders
• Quality of training
• Lasting effects of the project
• Future roles of master trainers
• Possibility of including people with other disabilities
• Gender aspects
• Barriers and challenges

2.3 Foundation of the report

The report is written based on the findings from the evaluation conducted at CHIP Islamabad and Skardu. The emphasis has been laid on qualitative findings. The evaluation laid emphasis on the participation of the stakeholders in providing their opinions and views on the programs implemented by CHIP and its stakeholders. The recommendations made are based on the feedback of the varied range of stakeholders and on the views of the evaluator. In addition the evaluator used the existing documents and reports on the project as provided by CHIP and Dark and Light Blind Care. The reports of CHIP were comprehensive and carried analytical and qualitative information that were of extreme usefulness for the evaluation.
3.0 Introduction to Skardu, Baltistan

Skardu District is part of Baltistan and currently constitutes one of the six districts of Northern Areas of Pakistan. It is bounded on the east by Ghanche District, on the northeast by Xinjiang, (China), on the south by Baramulla and Kargil District, on the west by district Astore and on the north by Gilgit District. It has five major valleys including Skardu, Shigar, Gultari, Rondu, and Kharmang.

This area is claimed by some in India as it used to be a part of the princely state of Jammu & Kashmir (it was one of the six regions of the State). Skardu town is the capital of Skardu District. As of 1948, Skardu and Baltistan are part of Ladakh province of J&K. According to the 1998 census the population of Skardu district is 214,848 in a land area of 15,000 sq km.

The predominant language is Balti however there are villages where Shina is also spoken. The Baltistan district is a geographically secluded area with tough mountainous terrain. The agricultural/ arable land is a meager 1%. In most of the areas, there is only one crop a year due to harsh winter. Generally wheat and maize are grown. Apart from agriculture, horticulture is a major source of income in the area. Apricot, peach, apple, almond, walnuts are the major fruits and dry fruits produced in the area. Due to the lack of agricultural land, the reliance on products from livestock is more. Males generally move to lower parts of Pakistan including Islamabad, Lahore, Karachi and Peshawar for labour-related jobs in winter. A certain number of people are involved in businesses related to specific features of Skardu e.g. tourism, transportation, precious stones, local handicrafts etc. A small percentage is involved in the government services including teaching, or other staff in different government departments.

The villages (whether big or small) have generally electricity. Only far-flung villages in remote small valleys have no electricity. Generally roads (metalled or un-metalled) are present to provide access to major towns and villages. However, there are some villages in almost all valleys which still lack even the un-metalled roads inhibiting access to and from these villages. Schools are available in almost all the villages. These schools are either run by Government or Agha Khan Education Services or in some cases local communities have established their own schools. Health and sanitation facilities are scarce in the remote valleys where only civil hospital or a BHU is present in the major village or valley centre. In far-flung

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1 Taken from website (Wikipedia) and program proposal of CHIP
villages, there is a First Aid Post (FAP) which is generally devoid of necessary staff, medicines or equipments. Telephone is available only in major towns and villages.

The general trends of education in Skardu can be termed as, ‘miserable’ specifically for women folk. The literacy rate varies from area to area and from valley to valley. Skardu town has the highest literacy rate. However, other valleys are not as literate as Skardu owing to the difficulty in accessing to educational facilities, awareness regarding importance of education, and lack of economic opportunities to support educational initiatives. The initiatives of Aga Khan Rural Support Programme (AKRSP) in general and Aga Khan Educational Services (AKES) in specific have helped communities in raising awareness and providing opportunities for education. The overall literacy rate of Baltistan is 38%.

Apart from major towns, there are no water supply schemes in distant villages. In some villages, where water-supply system was established, is generally in bad conditions due to bad weather, slides, lack of maintenance services etc. Baltistan mostly have an open sanitation system where the waste water generally flows in to the water channels. In some cases, this water is generally used for drinking purposes further downstream e.g. in Mir Yakh (Sadpara) causing diseases. Generally, the communities have no latrines inside the homes and people generally use open fields for defecation. This not only causes health hazard but also have social problems related to it specifically for females.
4.0 Evaluation methodology

It was attempted to ensure the participation of different stakeholders in the evaluation. CHIP representatives played an active part in the planning of the evaluation.

The evaluation was conducted in three broad phases. The phases included (a) designing and planning of the evaluation, (b) conducting the participatory evaluation, (c) reporting.

The applied evaluation methodologies depended on a large extent on the time spent at Skardu and the barriers with regard to geographical context and transportation options for different stakeholders.

The extensive documentation and analytical reporting of CHIP positively influenced the setting of evaluation methodologies, especially considering the time limitation.

The evaluator was amply supported by local CHIP staff members for communicating with people using Balti language. Communications were mainly done in English, although the evaluator could comprehend majority of the communications done in Urdu2.

The evaluation process had adopted the following methodologies:

**Review of secondary information**

Secondary information was reviewed at different phases of the evaluation. Information was acquired from CHIP website and project documents, case studies as provided to the external consultant by CHIP and Dark & Light Blind Care.

**Discussions and meetings**

Discussion sessions were held with the Chairman, Chief Executive Officer, Senior and local staff members of CHIP, representatives from the partner CBOs, Master Trainers, eye doctors at referral institutes, school representatives, theatre group members, and audiences of theatre group performance.

At the start of the evaluation a discussion was held with the Chief Executive Officers, senior and CBR project staff members, to review the

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2 Urdu is the National Language of Pakistan
evaluation plan and purpose. In addition detailed presentations and discussions were held on the Project. A debriefing session was held with CHIP at completion of the evaluation at HQ level, which also included the Chairman of CHIP.

Similarly, discussions were held at the beginning of the field level evaluation activities at CHIP Skardu office with the concerned staff members. A debriefing session was held at the end of the field level activities.

Interactions with persons with visual impairments

Home visits were made to four visually impaired people who had received services from the CBR project. At these homes interactions were held with 2 male and 2 female persons with visual impairments. Application of their learning through Orientation and Mobility Training and ADL Training were observed. At two homes discussions were also held with family members, mainly mother.

In addition another home was visited where 2 persons (brother & sister) were met who had multiple disabilities including visual impairment. Their mother was also present.

A discussion was held with a youth with visual impairment at the venue of the theatre performance.

At a petrol station a nonscheduled meeting was held with an elderly man with visual impairments.

Consultations with eye-doctors

Discussion sessions were held with two doctors from DHQ and CMH, where eye patients are referred by partner CBOs. The DHQ was visited and discussions were held with Dr. Niaz.

Major (Dr) Asad, of CMH was met at a dinner meeting due to time limitation and to accommodate more interactions with stakeholders.
Observation of theatre group performance

A performance of trained theatre group performers under the project was observed.

Interaction with audience group

At the end of the theatre performance a short discussion was held with the present audience.

Visits to partner CBOs

A total of three partner CBOs were visited. Each CBOs presented their organizational activities, CBR project activities and future plans. Discussions were held with the representatives to discuss on project impacts, challenges, barriers, and on future needs. Their record keeping system was also observed.

Interaction with Master Trainers

Discussions were held with four master trainers, 3 male and 1 female. One of the male master trainers is a person with low vision.

Program assessment activity with staff members

A day was spent with the staff members of CHIP at Skardu to have an intensive brainstorming and group activities on different aspects of the project. Some output of the session is attached as an annexure. It was helpful to assess the program learning, achievements, and barriers and to identify recommendations. Detailed discussions were held to
analyze the project approach and implementation strategy.

Debriefing

Debriefing sessions were held at CHIP Skardu project office and at CHIP HQ at Islamabad on the finding of the evaluation and to options of future directions.
5.0 Introduction to CHIP

Initially a Swiss NGO Programme, Civil Society Human and Institutional Development Programme (CHIP), became a value led national Human and Institutional Development (HID) support organization. It has been working for more than a decade in strengthening Civil Society Organizations working for the disadvantaged. CHIP’s scope of work places the emphasis on HID. The rationale being that HID – is the foundation of any development strategy. It provides the framework as well as the fuel for translating ideas into action. Through its proven HID approach, CHIP improves and strengthens Civil Society Organizations at human, organizational and institutional levels to achieve programme efficiency and effectiveness. Its working experience with NGOs/CBOs has been throughout Pakistan. The vision CHIP is “Value-led responsible civil society organizations capable of contributing to national development” and its values “CHIP, being a value led organization, promotes its core values of Honesty, Dedication and Commitment”

6.0 Introduction to the CBR project

The project was designed based on a Participatory Situation Analysis exercise (PSA) of 49 villages of Skardu. The PSA had identified ‘restricted mobility’ of people with visual impairments as the core problem. In addition, physical weakness of the visually impaired persons, their psychological problems, limited social inclusions, economic dependency and disparaging attitude of family & community towards them were brought forth as problems. It was also seen that Government services were limited and there were no support structure within the community to work for people with blindness. To address the aforementioned problems, the project was designed with the goal “To ensure that the rights of people with disability are promoted and protected through community-based approaches.” To address this goal the project has been implemented with the purpose of “Provision of Community based rehabilitation services to the people with blindness for social inclusion.”

The expected results aimed at were:
(a) At least 8 CBOs at the end of the project will be able to act as training and resource centers for blind and will create awareness;
(b) 16 Master Trainers will be available with CBOs;
(c) 88 people with blindness and visual impairment will be able to manage mobility and daily life activities with minimum attendant’s support; (The project had initially aimed at identifying and serving 132 persons with visual impairments. A reassessment facilitated by a refractionist had reduced this target to 88.)
7.0 Project approach and strategy

The project follows the strategic option of building local capacity to mainstream persons with visual impairments through provision of community based services and creating linkages with local institutional resources. This strategy has more chances in sustaining an initiative within a local context, provided it is continued to a stage of maturity from which it can be maintained locally. Within this strategy CHIP plays the role of the main facilitator to propagate the initiatives.

CHIP had initially conducted Participatory Situation Analysis in the region that had provided information to design the project.

The development initiatives, government and private sector, in Skardu are not adequate to address the needs of the local people. In addition to the government local CBOs are implementing development activities.

CHIP had identified, assessed organizational capacity and then selected 8 CBOs as the main entry point into communities with services for person with visual impairments. In the project these CBOs acted as the training and resource organizations, the support structure for the persons with visual impairments. Within these CBOs, potential individuals, community activists were identified from the locality as the Master Trainers who provided door step services to the persons with visual impairments. The CBOs also created linkages with local institutions to create access to health and development services for the persons with visual impairments. Throughout this process CHIP had to play a proactive role to initiate, maintain and strengthen the process from its Skardu field office with extensive backstop support from Islamabad CHIP office.

Capacity building at institutional and at individual level was a significant ingredient to this approach. The CBOs identified to act as the training and resource organizations were at very early stage of organizational maturity.
and needed capacity building support from two aspects. On one side they required organizational development support and on the second they required technical capacity on visual impairment issues.

Another important element was networking with local administration and institutions.

This strategy and approach has allowed increased awareness on visual impairment issues and health & hygiene, rehabilitation of persons with visual impairments, synergies with local resource institutions. At the same time the organizational capacity of local CBOs had increased the feasibility of existing services being maintained and expanded.
8.0 Project Impacts and future considerations

8.1 At CBO level

The local CBOs have been formed to address the needs of the community people. These CBOs are mainly run by local people on a voluntary basis. People involved with the CBOs are not-paid apart from a very few who are project based. Only two of the eight CBOs initially selected had paid staff members.3

Before initiation of the project CHIP had collected a list of CBOs working in the area from the Department of Social Welfare. Seventeen CBOs were assessed and 8 CBOs selected based on pre-selection criteria. Discussions were held through visiting these 8 CBOs. Organizational capacity of each of these CBOs was assessed as a part of the PSA. The overall objective was to understand the existing level of organizational maturity, current systems, procedures and practices of these CBOs to enable CHIP to select the appropriate CBOs as the nucleus organization as well as to assess the capacity development needs essential to act as the training and resource organization within the CBR project, as specified in the project design. At the assessment special focus was laid on organizational profile, governance system, staff capacity, finance management, internal control and technical competence in relation to rehabilitation of visual impaired people. All the organizations were at its early stage of maturity and required organizational capacity building support. This is essential to allow the CBOs to maintain the services that they are expected to provide on visual impairment issues, after their technical capacity on the issue is built. The capability building was undertaken after signing of Memorandum of Understanding between CHIP and CBOs for cooperation and role clarity.

3 Based on PSA finding.
Representatives from the CBOs received organizational capacity building training on financial management, organizational management, planning skills, monitoring & evaluation skills and documentation skills. Members from all the three CBOs visited spoke highly of the need for such training and shared examples how these training courses had benefited the total management and organization of the CBOs. The CBOs had shown examples of the changes that they have made within the organizational management system after the training, although most could be interpreted as minor within the world of organizational management but these were significant to the organizations, and did yield positive results. Their accounts management has improved through changes brought forth that has made their accounting system more transparent, they have networked with more donors & submitted new project proposals, the program monitoring & record keeping is maintained, they have made future plans for the CBOs, etc. All the CBOs had strongly mentioned their need for further organizational development, with added emphasis on project development & proposal writing and also to increase the number of representatives trained from each organization. The CBOs had kept information on their activities and the persons with visual impairments served through their organization.

Within each of the CBOs there is a Local Training and Resource Centre (LTRC), equipped with furniture and training facilities. This is a dedicated place to organize activities for the persons with visual impairments. It has increased the credibility of the CBOs within their locality. However, distance and access LTRCs is still a big challenge for many of the visual impaired people.

The representatives of the CBOs interacted with expressed their commitment and were very motivated regarding their work on visual impairment issues and the CBR project. The acceptance of the CBOs within the community had increased since their work on the CBR project. They have made future program plans and have taken inputs in its formulation from the persons with visual impairments. Some of the CBOs have also included persons with visual impairments within their membership.
The CBOs and CHIP had excellent partnership and relationship. There were a sense of interdependency and joint ownership to the work that were done at Skardu, and the local CBOs indicated of their feeling of pride being associated with CHIP in working for the persons with visual impairments through the CBR project. Each of the CBOs was well informed of the project objectives and activities and was clear regarding their roles as a CBO and what is expected of them to attain within the project period. It was inspiring to see that CBOs had put in a lot of effort to achieve results.

The CBOs has the expectation and raised the need to initiate work on curative and prevention side. Their emphasis was more on getting medicine and low vision appliance.

These CBOs also mentioned of the barriers and challenges faced in their CBR work. The major problem was the attitude of the community as well as the families of the persons with visual impairments. There were little acceptance or understanding on the needs of the orientation and mobility training, the role of the master trainers were not understood by the family, as discussed in the section on Master Trainers. A lot of effort had to be put in changing this attitude, which has relatively improved but is still persistent. The CBOs had worked on increasing awareness at community level through formation of theatre groups; quiz competitions, etc, discussed at a later chapter.

The CBOs also mentioned that the Master Trainers are mainly volunteers, but the work that they are doing require them to invest a considerable amount of time. It would be more effective if the Master Trainers could be paid honorarium or partial / full salary through the project. Distance of the villages, mode of transportation, and time taken is another problem faced by the Master Trainers. The financial situation of the CBOs is also hampering them to initiate or expand essential programs for the person with visual impairments, like livelihood, and also rehabilitation support for people with other disabilities.

**Recommendations**

1. Mainstreaming disability or implementing CBR programs through existing non-government structures does require organizations with a relative level of organizational maturity, if not there is the threat that the technical capacity built on disability issues at these

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4 Based on the three CBOs visited by the evaluator.
organizations, may not sustain or put into effective utilization by that organization, ultimately bringing limited or no changes to the lives of the persons with visual impairments/disabilities. The non-government structures that are NGOs/CBOs at Skardu working for the community people were at very early stage of organizational maturity, and lacked in capacity in many essential areas. If the intention of the project was only to attain what is feasible based or capitalizing the existing level of organizational maturity or competencies, without much thinking about future scopes, needs & demands, and sustainability aspects then perhaps, CHIP could have worked without building on the organizational capacity of the CBOs. But the attainments of the project, the ripple effect needs raised anew after increasing mobility and ADL skills of persons with visual impairments, the scope to include people with other disabilities, the community expectations, etc. call for the legitimate need of CBOs to maintain and expand their programs on disability issues within their community. And this will require these CBOs to enhance their organizational capacity. Different options could be considered, CHIP within its program continue to support the organizational capacity building and link these organizations with resource organizations that works on organizational development. Besides specific organizational development projects could be considered in the future by CHIP.

2. Organizational development support for the CBOs should be planned after appropriate organizational assessment. The Organizational Capacity Assessment Tool (OCAT) introduced and promoted by Dark & Light Blind Care can be a very useful tool for such an assessment.

3. The existing CBOs still require organizational development support in the areas of fund raising, project design & proposal writing, advocacy, leadership, etc. These were identified through discussions with the CBO leaders and CHIP staff members.

4. Refreshers training on the organizational development training previously received.

5. The CBOs should be trained on mainstreaming disability at all levels of the organization.

6. Inter-CBO exposure visits and interactions could be organized among the CBR implementing CBOs.
7. Although few but there is an increase in the number of the organizations, both government and non-government, supporting the CBOs. These CBOs could advocate to these agencies to allow inclusion of disability issues within their support that they extend to the CBOs.

8. The CBOs should mainstream disability issues in all of its affairs as feasible, and ensure participation of persons with visual impairments and other disabilities within their planning for community development. In cases where feasible persons with low-vision, blindness and other disabilities should be considered for employment within the CBOs.

9. The CBOs has gained recognition as a support base for visually impaired people. These CBOs could be strengthened as a Resource Centre for all disabilities and attend to the needs of the community.

10. The CBOs should considering improving accessibility within their organizations for person with low vision and blindness, and where feasible for other disability groups.

11. The CBOs need to carefully plan regarding the involvement of the Master Trainers, and if it is a mandate for the CBOs to expand their disability program coverage, including nature of program, increasing number of beneficiaries, addressing other disability groups, then the Master Trainers should preferably be full time staff members.
8.2 The master trainers

Once the CBOs were selected, community activists were identified and trained as Master Trainers (MTs). They received training in ‘Orientation and Mobility’, ‘Activities of Daily Living’ and ‘Self Growth’. The main roles of the MTs were to ensure rehabilitation services for persons with visual impairments at their doorsteps. The training courses that they had received were mentioned to be essential. It was difficult to identify and select educated / literate Master Trainers, especially female master trainers. Due to their limited education it was in certain cases difficult for the trainers to impart the learning to the master trainers. They appreciated the technical cooperation from the CHIP staff members in supporting them to improve their skills and technical capacity. A MoU was signed with the Master Trainers that clearly chalks out the objectives, tasks, targets, financial matters and follow-up systems, cooperation and support to be extended from CHIP. This is signed by CHIP, MTs and the CBOs.

A total of 16 MTs were trained from 7 CBOs. They identified 88 persons with visual impairments out of which 62 received O & M training while 49 received ADL training from them. These MTs have been mostly successful in transferring their skills to the persons with visual impairments.

<table>
<thead>
<tr>
<th>Table on Master Trainers and Persons with visual impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Master Trainers</td>
</tr>
<tr>
<td>Average number of clients identified per MT</td>
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<tr>
<td>Average number of villages covered per MT</td>
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<td>Average number of clients identified per village</td>
</tr>
<tr>
<td>Average number of clients trained on O &amp; M per MT</td>
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<td>Average number of clients trained on ADL per MT</td>
</tr>
</tbody>
</table>

The Master trainers are visiting the homes of the served persons with visual impairments at varying intervals of 10 to 15 days, depending on the needs of a particular client. They supposedly had developed good relationship with their clients. The persons with disabilities and their families visited acknowledged the contributions of the MTs and most of them wanted the MTs to continue to visit them. The MTs maintain information on the clients under their service.

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The 4 MTs that were met during the field visit were very motivated and enthusiastic. They valued their roles as a MT and understood their importance to the community. The community had associated them as a resource person for persons with visual impairment. A sense of volunteerism was prevalent among them. They also wanted to do more on visual impairment issues, especially for people with low vision.

The MTs had and still do encounter multifaceted barriers and challenges. Their significant barrier was negative attitude held by others. Some of the families were reluctant to receive their services. There were a few extreme cases where they were not interested to have the visually impaired member receive orientation and mobility training and become independent, as a result of which they may no longer receive charity based support. Some families and persons with visual impairments expect contributions either financial or in kind from the MTs. The MTs said at times it gets embarrassing as the families still continue to expect such gifts. Every now and then the MTs spend their own money to buy small gifts for the persons with visual impairments. There has also been negative attitudes shown by the community that perhaps the CBOs and the MTs are getting money in the names of the visually impaired people that they are serving, of which the persons with visual impairments are being deprived. The MTs along with senior members of their CBOs had held discussions and visited homes to change this attitude or any misconceptions that they may have. It was difficult to convince them, it took time, but they now believe this attitude has started to change. The MTs also faced barriers from within their own families. As poverty is a big problem, the family members expect the MTs to get pay for the work that they are doing.

Location and distance of villages in the mountainous regions of Skardu is a big challenge in the work of the MTs. There is no regular transport, except for a bus that operates either once or twice a day. Reaching persons with visual impairments in different villages is not easy; this becomes even more
difficult during winter season when weather becomes extreme. The situation for the female master trainers is even more exigent. Due to social conditions and poor transportation network, they depend on others to accompany them during their visits, hence increasing expenses.

The Master Trainers also faced language barriers in some communities. As they speak a different language they had difficulty in gaining trust of that particular community. To deal with this language barrier the MTs had to resort to get support from local volunteers who speak the same language.

**Recommendations**

1. Currently CHIP is following up on the same clients of the Master Trainers almost at an equal level of interval and frequency as the Master Trainers. This is at one side ensuring the quality of skill transfer to the persons with visual impairments and its practice, but on the other is creating an increased dependency of the master trainers on the CHIP team. At the same time in some cases the bondage of the clients with the CHIP staff members appeared stronger than with the master trainers, which should not be, as the aim would be to make the master trainers the main facilitators and actors. The CHIP staff members should reduce the number of home visits, and refresh the learning of the master trainers on their areas of weakness, should there be any need.

2. Currently the master trainers do not receive any salary support. But there is a big request from them and their CBOs for partial / full salary. The issues need to be carefully analyzed, as once initiated it will need to be continued. Prior to this the job description of the master trainers should be revisited and amount of their time needed for their work calculated / assumed. It should also be taken into account as to who would bear the salary expenses? Should it be CHIP, could there be some contributions from the CBOs need to be considered and planned.

3. The MTs should at least receive adequate transport allowance, more for the female MTs who needs a companion to travel to distant villages.

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6 Currently all of the master trainers are working voluntarily on part-time basis. Most of the master trainers are employed.

7 It appeared and was reinforced during a discussion with CHIP that the CBOs were not in a position to support the salary of the Master Trainers.
4. There is always the threat of Master Trainers dropping out. There should be a process that would allow CBOs to train more people as master trainers, should there be such needs. Options could be to develop a resource pool within CHIP and with selected Master Trainers who could impart training. It will be essential to ensure that quality of training is maintained at the end.

5. Female Master Trainers need to be increased and selected from their own villages, especially in cases where the existing female MTs are not able to travel alone, or face extreme difficulty.

6. The Master Trainers are currently recognized as a resource person for visually impaired people. They could be further trained to act as a resource person for all other types of disabilities. They are approached by families of other disability groups for support to which they can give limited response.

7. The Master Trainers should have individual rehabilitation plans for each of the person with visual impairments with short and long term goals. There should also be an exit plan formulated against each of the visually impaired person.

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8 Five out of 16 MTs dropped out (i.e. 31.25%), out of which four has been replaced (refer March – July 2007 report, pg 2).
8.3 Persons with visual impairments and their families

The project had initially aimed at identifying and serving 132 persons with visual impairments. A reassessment facilitated by a refractionist in March had reduced this target to 88. The trained Master Trainers with intense technical support from CHIP had trained them on O & M (62) and ADL (49).

Most of the trained persons with visual impairments were willingly applying their skills on orientation and mobility. They exhibited their skills during the home visits (though not requested). While interacting they mentioned of the benefits of the O & M techniques\(^9\). They were very happy, especially the women & elderly, as it gave them more freedom and that they had to depend less on others. One of the elderly woman mentioned that previously she had to wake up others if she wanted to use the washroom in the middle of the night, now she can go alone. Their range of mobility also increased, now they move to areas where previously they went seldom. They have a greater feeling of security, while moving. This has also increased their self confidence and has positively influenced their mental well being. The white canes were very important to them as an integral part of their lives, although there are reported cases where there is a reluctance to use the white cane for societal reasons. The family members interacted with also mentioned of the benefit, mentioning that as the persons with visual impairments are more independent it gives them more time to work on other issues.

The trained persons with visual impairments had a better knowledge of ADL skills and health and hygiene issues, they spoke of the things that they are able to do. The kit bag had a special meaning to them, as an honored possession. When questioned they remarked that they attempt to let others know of the health and hygiene issues, which is essential for a better health. At one of the visits to a CBO the evaluator met with a small girl (apx 4 years) with visual impairment and wanted to shake hand, but the girl refused stating that she first needs to clean her hand, that she had learned from the Master Trainer.

When asked if the persons with visual impairments still require the Master Trainers to train them further, most mentioned that they are mostly independent, and that they would be able to manage even without the support of the Master Trainers. But they would appreciate if the Master Trainers continued to come to visit them, as they love to interact, and

\(^9\) The persons with blindness had learned sighted guide technique, white cane technique and self protection technique.
have company. The relationship that the clients had with the Master Trainers was very strong and positive\textsuperscript{10}. They also had an extremely strong bondage with the CHIP field office staff members, which was evident from the way the interactions were made and the expressions and gestures of the persons with visual impairments and the CHIP staff members.

Initiatives had been taken to a certain extent to mainstream the persons with visual impairments, but success has been limited due to different factors. A child with visual impairment mentioned that he wanted to play with other children of the community but could not and was mainly confined with activities with one or two of his cousins. CHIP had provided with a football, but he is afraid use it to play with others in fear of losing it. There is also example of Abbas Anand, a visually impaired youth who with his self qualities have become an important member of his community, and is well recognized as a singer and a performed. There is also the case of a youth with visual impairment who at 21 years of age is studying at kindergarten level.

All the persons with visual impairment interacted with had mentioned of the opportunity of greater inclusion and participation within the community. They mentioned that now that they are skilled in Orientation and Mobility they now seek education, livelihood, and participation within the daily activities of the society. To them education still meant studying at education institutes only for the blind, like the Gilgit School for the Blind, but when asked if they would prefer studying at a regular school that would offer opportunities for them, they had mentioned yes. They all want to spend time with other people; they want others to talk to them to include them.

There are a few people with multiple disabilities who also had visual impairments. Nothing much has been possible for them to be done by the Master Trainers, although 13 of them were listed\textsuperscript{11}.

**Recommendations**

1. The primary need that was addressed in the project was to increase the mobility of the persons with visual impairments. As this need was being met the secondary needs have evolved like education, livelihood, greater social inclusion, etc. CHIP and CBOs need to address these needs.

\textsuperscript{10} Based on the feedback of the persons with visual impairments interacted with and the observations made during field visits.

\textsuperscript{11} Out of 88 persons.
2. There are schools at the community level. A feasibility assessment can be done to understand if these could be set up as inclusive education schools to include children with visual impairments / other disabilities.

3. CHIP and CBOs could introduce Inclusive Sports within the schools and communities where they work, that would allow participation of children with visual impairments / other disabilities along side other children of the community. It would also contribute in sensitizing the community.

4. A major focus for consideration in the future would be on livelihood aspect that would include skill training, employment and access to financial services and social protection schemes. An assessment would allow CHIP and CBOs to understand the areas on which vocational skills can be developed, like handicrafts, carpets, sewing, candle making, shawl making, poultry rearing etc.

5. In future if persons with multiple disabilities are not adequately served they should not be listed. As being listed increases expectations of receiving need based services.
8.4 Community awareness and participation

One of the biggest challenges within any CBR project is the low level of awareness of the community on disability issues and a lack of positive attitude. All CBR projects need to address this issue with utmost priority with adequate investment. It is also difficult to propagate the participation of the community with the project but certainly not impossible. It has been the same for the CBR project at Skardu. But it has also been inspiring to observe the initiatives and to assume the results. The CBOs mainly comprise of members of the community who work on a voluntary basis. They are well sensitized on the need to address the issues of disability within their communities. They are attempting with the support of CHIP to sensitize the community. But it is very difficult for them to convince the community on the benefit or the need of O & M training for the visually impaired.

The CBOs has formed men theatre groups who perform within their villages to raise awareness. There are also three theatre groups with women members. The themes of the performances are drawn from every day life experiences of the persons with visual impairments. The major issues addressed through these performances are prevention, socio-economic issues of blind people, mainstreaming, and on Orientation & Mobility and its importance.

The evaluator had the opportunity to observe one theatre performance and then to interact with the audience. The performance was held at the facility of a school that drew a huge audience from the community, of all age group. The theatre group members were very motivated, excellent performers and could communicate the moral or messages of their play.

CHIP and CBOs had organized quiz competitions among the children of 25 schools. In these competitions the children are first told a story and then questions are asked. All the children are awarded with gifts.

Awareness is also raised through networking, partnering with the media, using video clips through the local cable network, using radio and through the religious and community leaders.
Representatives of community people interacted with had expressed their understanding that all people with disabilities deserves same rights as others, they are appreciative of the initiatives taken and expressed that CHIP and their CBOs will jointly undertake more initiatives and that they are willing to support and cooperate with them.

CHIP had developed different materials in printed and video forms that are helpful in raising awareness on visual impairment issues.

**Recommendations**

1. Persons with blindness and low vision and other disabilities can be used as role models in the process of raising awareness.

2. The theatre group members are a useful resource of the project. Possibilities of engaging them as “Advocacy Agents” can be assessed.

3. Community cultural programs could be organized including performers with disabilities.

4. The community including traffic police need to be sensitized on the O & M, use of white cane and its importance to the persons with blindness.

5. Greater emphasis should be laid on causes and prevention of visual impairments within the awareness raising initiatives.

6. In the future, if the program is expanded to other areas, the first activity would be to start with raising awareness in the communities, to prepare a positive environment for the later interventions. The community leaders need to be made clear on the purpose of the project.

Abbas Anand, a person with blindness performing at the end of theatre performance
8.5 Networking and linkages

Networking and creating linkages with resource organizations and individuals is a significant element of the project. It had been identified as a support base, resources of which could be tapped, to further the attainments of the project goal. It was anticipated to also increase coordination and cooperation with and among these stakeholders at public and private level. These CBOs were anticipated to facilitate this networking and synergies with support from CHIP at Skardu.

The key institutions that were initially aimed under this element were Northern Area Eye Hospital (NAEH), District Head Quarter (DHQ), Aga Khan Rural Support Programme, Aga Khan Health Services, Local health department and District health department, Gilgit Blind Hospital, and Northern Areas Legislature. In addition the religious clergy was also considered. It was anticipated that by networking with these stakeholders, that the CBOs will be provided local support through developing linkages with health department and available services, person with / at risk of visual impairments will receive treatment, surgery, post operative care, resources will be allocated for the cause of persons with visual impairments, will access general health services, awareness level and attitude will be changed. The CBOs will also access resource persons from Gilgit Blind School who could train on orientation and mobility.

During the project period, meetings and discussions were organized with local administration, workshop was organized on rights based approach to development, project learning sharing meeting was held with stakeholders.
CHIP has established appreciable relationships with local stakeholders including doctors and teachers. During the visit the evaluator had the opportunity to meet Dr. Niaz Ali, the District Ophthalmologist, at DHQ and Dr. Major Asad, Ophthalmologist of CMH. They had highlighted on the positive impact of the work done by CHIP and the CBOs. There is a steady increase in the number of eye patients that are referred to them for services by the CBOs / Master Trainers. The eye patients are referred through a referral card developed by CHIP. These patients are served fee of costs. The District ophthalmologist also holds eye camps in different parts of Skardu. For an eye camp, the information is disseminated earlier through different means e.g. radio, local newspapers, local CBOs etc. They had mentioned of the immense need to eye related services in the area. There is very little awareness on health and hygiene issues, causes and prevention of eye diseases, early intervention and treatment. There was also mention of organizing school screening and extension of services for people with low-vision. They informed that there are people with different types of disabilities who lead an extremely difficult and challenging life as there are no service options for them. At DHQ, a local staff member of CHIP sits in once a week and supports the patients referred and is in charge of the low vision unit. It has built the trust of the local community to seek services from the hospital.

The linkage with the local schools is noticeable. Quiz competitions are organized at 25 government, private and community schools. During the visit a school, where a theatre performance was staged, was visited, and discussion was held with a teacher, who had appreciated the work done by the local CBO and CHIP, mentioning how they have contributed in creating positive attitude, increasing awareness and promoting the rights of persons with disabilities, and expressed their positive intention to support the initiatives.

The project has also established linkages with Gilgit blind school where students are referred for education. AKRSP is supporting the undertaken initiatives of CHIP and partnered CBOs. Local radio is providing news coverage on the project.

The results attained within two years are noteworthy. The personal connections of the local staff members with representatives of these institutions at these have been a considerable contributing factor. The approach taken by the project to establish synergies has been well planned and intervened strategically. The local administration has been informed and attempts taken to involve them during the project period. This networking and linkages need to be continued, expanded and strengthened, especially with the government institutes. Linkages need to
be created with education departments, to promote mainstream / inclusive education. Disability is a development issue as such it should be seen as an integral part of all development initiatives.

**Recommendations**

1. Government departments should be approached, networked, and motivated to extend and / or support options for persons with visual impairments / disabilities.

2. Promote greater involvement and participation of CBO representatives at networking at district level.

3. Create synergies with local department of education, private education institutes to facilitate mainstreaming of children with visual impairments and other disability groups, as feasible.

4. Networking among the CBOs can be intensified and an informal network or association can be created among NGOs working on disability issues within Skardu that could lead future advocacy movements jointly.

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**CHIP signs MoU with 8 CBOs in Skardu**

Statesman Report

SKardu: District Social Welfare Officer Zarina Tabassum Wednesday said capacity building of the local Community Based Organisations (CBOs) is need of the hour to ensure timely social uplift of district Skardu.

She said while addressing as chief guest at the Memorandum of Understanding (MoU) signing ceremony between an NGO, namely Civil Society - Human and Institutional Development Program (CHIP) with 08 local CBOs.

The ceremony was largely attended by elected representatives, district officers, representatives of various NGOs and people from every walk of life.

Zarina Tabassum was of the view that capacity building of these CBO will help them in smooth running of their various developmental projects.

Earlier, the Project Coordinator of CHIP, Faisal Ahmed said that the basic theme of signing MoU with the CBOs is to further strengthen them.

He said that CHIP will impart trainings to these CBOs on various tools of delivery of services including planning and budgeting, social mobilisation, good governance, management, finance and administration.

Later on, MoU was signed with a total of 08 local CBOs for imparting trainings to their staff on various tools of delivery of service.
8.6 Possibilities of extending the services of the project in further stages to include people with other kinds of disabilities

Four persons with disabilities other than visual impairments were observed during the days spent at Skardu. Among them two were planned and two coincidental.

During interactions with the CBO representatives and the Master Trainers it was also mentioned that there are people with different disabilities within their communities. And sometimes their families seek rehabilitation services, which they are not able to provide. Among the listed persons with visual impairments within the CBR project there are 13 persons with multiple disabilities, which is 11.44%. This is relatively a high prevalence rate especially when it was not the intention to identify persons with other disabilities.

The evaluator had visited one such family where both the brother and sister had multiple disabilities. They are facing numerous barriers compounded with their poverty situation and geographical terrain. The mother is extremely worried about their future. There are absolutely no service options within the communities for people with other disabilities. For families like this, the CBOs, the Master Trainers, the CHIP staff members are the only resort. However, neither the field staff members of CHIP nor the Master Trainers are skilled technically to address the needs of these people. In addition, accessibility is a huge problem for people with physical impairments at Skardu.

The major barriers that persons with disabilities face are attitudinal, environmental and institutional. The CBR project of CHIP is focused on visual impairment issues, however while addressing attitudinal and institutional barriers for person with visual impairments the project is in a sense addressing the attitudinal and institutional barriers for all people with disabilities. The community is now more sensitized to the issues of persons with disabilities and the local institutes partnered and networked through the project, especially the CBOs have expressed their willingness to reach out to all people with disabilities. Had there been other organizations or if the Government had had proximity services for people with other disabilities it perhaps would have been more effective for them to be referred to these resource bases, but unfortunately as informed, there are no such service options. The services of CHIP and CBOs are becoming more visible and accepted within the community, which as an outcome is also increasing the needs and demands for other disability groups to be included within their service network. If they are not addressed, either by the CHIP partnered CBOs or by other organizations there will be the threat
of dissatisfaction and frustrations at family, community and CBO level. Besides, the CBOs are formed with members of the same communities where they reside alongside the families of other disability groups. As the CBO members have the community bondage their self urge and expectations on them from the families for services are much greater.

CHIP and the CBOs need to carefully analyze the situation in its future planning. One straight option could be to continue without addressing the needs of other groups of people with disabilities. If not the remaining option will be to address the needs focusing on what might be feasible. The attitudinal barriers could be easily addressed, and the people with minor disabilities could be mainstreamed into community socio-economic development scenario relatively with lesser challenges. The main challenge would be to address the rehabilitation service needs of persons with disabilities including therapeutic services, assistive devices, etc. It may not be feasible to identify and place salaried physiotherapists at community level, an alternative option could be to identify international physiotherapist volunteers, CHIP could also think of training the Master Trainers on other disability issues to enable them to provide doorstep primary level services.

**Recommendation**

1. CHIP and CBOs should plan to address needs of other disability groups as feasible. It can within its existing framework address the attitudinal issues, raise awareness on disability issues like prevention, cause, early intervention, mainstream people with minor disabilities into socio-economic activities within the communities.

2. Placement of international volunteers could be considered who could provide services as well as develop local capacity. Different international volunteering institutions could be contacted.

3. Training the existing master trainers to address primary service needs of all disability groups could be considered.

4. Networking with existing health structure at Public and Private Level to explore feasibility of creating service options where people with

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In Bangladesh, community development organizations have trained staff members with short training courses and have placed them at community level to provide doorstep services to people with all types of disabilities. They are able to do assessment, plan interventions, provide therapeutic services, make simple assistive devices, work on accessibility, make referrals, train family members, raise awareness, etc. It has allowed community people, families and persons with disabilities to receive ‘one-stop’ service within their own communities.
disabilities could receive services, as was planned in the project to advocate to Northern Areas Legislature to establish rehabilitation centre for people with blindness.
8.7 Project monitoring and reporting

The CBR project has been monitored at three levels from (a) CHIP HQ, (b) CHIP Skardu (c) CBO level. The monitoring mechanism is very strong and puts adequate emphasis on both qualitative and quantitative aspects. It was extremely beneficial for the evaluator to be provided with quality reports that presented information clearly and with adequate analysis.

At the CHIP HQ, concerned staff members, including the Chief Executive were well conversant on the project and its issues. They had expressed the effort that CHIP puts in to ensure the quality of the work that is done through the project. The HQ is providing constant coordination and supervision support at program, administrative and on financial aspects of the project. Representatives are regularly traveling to Skardu to interact with the CBO representatives, MTs, persons with blindness & low vision and other concerned stakeholders of the project. A technical assessment on the capacity of the people who received O & M and ADL training was conducted. Case study documentations on these people were also carried out with facilitation from the HQ.

The CHIP Skardu office staff members are maintaining regular coordination and follow-up on the activities of the CBOs and the Master Trainers. They are also making regular home visits to the people with blindness and low vision. Experience sharing meeting is organized involving CHIP, CBOs and the Master Trainers. They are also making necessary reports that are submitted to CHIP HQ. They maintain essential files on their activities and project related documents at the field office.

The CBO representatives are also following up on activities of the Master Trainers, they are visiting the families, holding progress, problem analysis and planning meetings, maintaining information and submitting necessary reports to CHIP.
8.8 Gender Issues

Due to socio-religious reasons CHIP had to carefully plan on gender issues. The Master Trainers had to be male and female as it is not suitable at that culture for the male MTs to work with females with blindness. Eight of the 16 MTs are female.

The lives of the females are normally more restricted than their male counterparts in Skardu. CHIP and CBOs had to plan the project interventions considering this element.

There are separate theatre groups for men and women. When men groups are performing women also come to see the show, its only women performers who perform in front of women only.

Quiz competitions were held at girls and boys schools to ensure that information reaches to both of the groups.

8.9 Lasting effects of the project

A level of awareness has been reached within the intervened communities on socio-economic issues related to people with blindness & low vision, and their rights to participate and be mainstreamed as other people. It has to some extent created a favorable environment for them than before.

The communities have received information on health & hygiene issues. Some of them are practicing it. This is further reinstated with the fact that some CBOs are requesting for clean water supply and sanitation facilities.

The persons with blindness and low vision have learnt the skills of O & M and ADL. They will continue to apply this knowledge. Their self-confidence has increased that will have positive impact on their mental health condition.

The range of mobility has increased for the persons with blindness allowing them for more interaction, this is expected to sustain.

Master Trainers have received skill training and are transferring their knowledge to others.

The CBOs have developed the organizational capacity and maturity level by training their staff members, the results of this is evident in the changes
they have made in their organizational management allowing them to improve upon their work.

The CBOs are recognized as a service and information point within their communities on visually impairment issues. They have gained acceptance and credibility of the community. This recognition will sustain provided they continue to work with quality on the issue.

A strong synergy has been created especially with the health sector facilitating a regular flow of clients from the villages to the health institutions. It is expected to continue to grow in number.

CHIP has earned wide recognition at Skardu among people with visual impairments, their families, CBOs, other NGOs, local administrations, health institutions for initiating and maintaining an initiative that no one else had done before.

8.10 CHIP Staff members

It was very impressing to witness the identification of the CHIP staff members with the cause of the CBR project. It was evident that they had a sense of ownership to the project. They exhibited team spirit and willingness to work hard. They were all motivated, enthusiastic and proud of their work. They also had an intense desire to expand on their work and to bring positive changes to the people with blindness, low vision and other disabilities. They had an excellent relationship with the Master Trainers, CBO representatives, referral representatives and a strong and emotional bondage with the persons with blindness and their family members.

The CHIP staff members are a good team and hold potential of yielding better results. It would really be supportive to them if they are more oriented on CBR and mainstreaming disability through receiving training and being exposed to existing CBR projects.
8.11 Replicating the method and necessary adaptations

The method / approach adopted for the CBR project is described in the chapter “Project approach and strategy”. The main thrust is to implement the project through existing structures by building its capacity. A CBR project can initiate within a community with the facilitation of an external organization, like CHIP in this case. Normally a CBR project will not focus much on building organizational capacity of a CBR Implementing organization, like the CBOs. This was done as these CBOs did not have the necessary maturity to implement and to expand on in the future of their CBR project, although it would have been more cost effective if such a large investment would not have been required. But these CBOs had no access to organizational capacity development opportunities, as such in the case of Skardu, it was necessary to engage in organizational capacity building. If this method is extended to other areas the first options would be to identify organizations at a higher level of maturity that could be trained on the disability technical aspects necessary to implement a CBR project. If not, organizational capacity development should be considered, either they can be linked to other capacity building institutes or within the project there can be organizational capacity building activities. It has been experienced in Bangladesh that organizations with limited maturity are normally not able to maintain the CBR work assuring quality and that there is always a threat of the program stopping abruptly, bringing negative effects within the community.

The time-frame of the project should be carefully planned. Two years would be too short to yield considerable results, especially for Skardu and likewise regions, where numerous challenges exist in the form of weather, topography, etc.

The participatory situation assessment has been extremely useful. It should be a compulsory activity, especially while starting a CBR project. It not only provided valuable input for project design but also served as a baseline to measure the progress of the project. It also allowed active participation and involvement of different stakeholder from the very planning phase of the project.

One of the major barriers that the project encountered was negative attitude. Besides, wrong understanding and expectations were prevalent within the communities regarding the project. It took a lot of efforts by the MTs and the CBOs to change this attitude, which was very essential for the project. During replication it should be made certain that awareness activities and social mobilization are initiated as the first and as a priority activity. The community leaders, the family members and the persons with
visual impairments should be well and adequately informed regarding the project earlier prior to visiting their homes to provide the O & M and ADL training.

The CBR project should not only be limited to O & M, ADL, and raising awareness but also address the issues of social inclusion and mainstreaming with much greater focus, then the existing CBR project, like on inclusive education and livelihood. Preventive and eye care issues should also be addressed along with health and hygiene.

The time involvement of the MTs needs to be reconsidered. They should preferably be salaried ensuring greater time involvement. The issues of Female Master Trainers should be carefully assessed considering the distance that they will need to cover and their mode of transportation.

Networking with different stakeholders should be an important part of the CBR project. Efforts are required to involve the government agencies.

Initiatives are required to demonstrate the positive qualities of the persons with disabilities. In future employments of staff members CHIP could consider employing persons with disabilities.
9.0 Annexure

9.1 Group discussion findings of CHIP staff at Skardu

9.1.1 Strengths of the project

1. Local training & resource centers are available to work for people with blindness & low vision.

2. Skilled human resources are available with each of the CBOs (Master Trainers, Theater performers & CBO representatives trained in management skills).

3. Awareness raising theatre performances & quiz competitions helped in building a positive mind of the general community towards persons with blindness & low vision.

4. Networking & synergies developed among CBOS & service providers.

5. CBOs have a strong vision and determination to work for the people with disabilities.

6. Clustering of villages provide a base for planning & implementing of project activities.

7. Preventive & curative aspects were also covered.

8. Capacity building of CBOs opened ways for them to make networking & get projects from others donor agencies.

9. Project provided realization in general community that people with any disability have equal rights live as others.

10. People with blindness have had positive developments and an improved level of confidence.

11. People with blindness are able to minimize their dependencies on others in mobility and some daily routine activities.
12. Awareness regarding health and hygiene developed in people with blindness.

13. Media supports the project by covering its activities.

14. Sensitized religious leaders.

9.1.2 Strengthening and improving the program

1. CBOs should have resource persons on health & hygiene, special education, technical trainings, physiotherapy etc.

2. At least initial four to six months of the project should be focused on sensitization of the community.

3. There should be a realistic time frame of the project. Objectives and targets should be more realistically set.

4. There should be paid staff attached with CBOs as Master Trainers.

5. Involvement of education department should be more extensive.

6. Family members of people with blindness should be highly sensitized.

7. There should be socialization events/celebrations for people with blindness, low vision and other disability groups.

8. Theater shows should not be one off activity; it should step by step cover on different issues.

9. Regular disability focused activities should be conducted in primary and secondary schools.

10. Transportation of school going children with blindness and other disabilities should be arranged.

11. There should be screening program organized in primary and secondary schools.

12. Paramedical staff should be trained on primary eye care.

13. There should be transportation facility for patients for surgeries.

15. Persons with all disability groups should be focused in the project.

16. CBOs should have some financial support for (refreshment - electricity etc.) LTRC.

17. There should be a local skill providing centre/institution for people with blindness and other disabilities.

18. Health and Hygiene sessions should be conducted with targeting all members of the community.

19. Inclusive sports activities with children & youth with blindness and low vision should be organized and promoted.

20. Teachers of primary schools should be trained in Braille.

21. Provision of Health & Hygiene kits should be provided on regular basis for insuring health and hygiene condition of persons with blindness, other disabilities and children.

22. Female Master Trainers should be selected from the villages which are located at distance or isolated villages which are at distance or isolated for those villagers. Female Master Trainers should be selected from that very community.

23. There should be a working group for the project with in the CBO members with regular monthly meetings.

24. A quarterly experience and progress sharing meetings with CBOs should be held on a given format.


26. Provision of educational and recreational aid for ECD & education for VIPs and other disability.

27. Provision of education on reproductive health and adolescent issues.

28. Identification of other disabilities.

29. Assessment on need and provision of assistive devices to other disabilities.
30. Enhancement of vocational skills and education required for all people with disabilities.

31. Establishment of an Association/Network for people with blindness and other disabilities.

32. CBOs should try to include disability issues in all of their projects as an inclusive effort.

33. Teachers training should be conducted on inclusive education and classroom management etc.
<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
</tr>
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<tbody>
<tr>
<td>5th May</td>
<td>Monday</td>
<td>Travel to Islamabad, Pakistan via Karachi</td>
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<tr>
<td>6th May</td>
<td>Tuesday</td>
<td>Meeting with CHIP, Islamabad</td>
<td>Study of project reports and documents</td>
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<tr>
<td>7th May</td>
<td>Wednesday</td>
<td>Travel to Skardu</td>
<td>Three home visits and discussions with visually impaired persons who received O &amp; M training, ADL training, white canes and ADL kit bag.</td>
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<tr>
<td>8th May</td>
<td>Thursday</td>
<td>Short discussion with a man with visual impairment</td>
<td>Meeting with Dr. Niaz of DHQ</td>
<td>No activity</td>
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<tr>
<td></td>
<td></td>
<td>Travel to CBO, discussions with CBO representatives and Master Trainer</td>
<td>Travel to CBO, discussions with CBO representatives and Master Trainers, interaction with a child with visual impairment</td>
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</tr>
<tr>
<td>9th May</td>
<td>Friday</td>
<td>One home visit and discussions with a boy with visual impairment who received O &amp; M training, ADL training, ADL kit bag and modified soccer ball, and his mother.</td>
<td>Travel to Sirmik, observe Theatre Group Performance, Interaction with audience / community people, discussion with a youth with visual impairment</td>
<td>Meeting with Major Asad, CMH</td>
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<tr>
<td></td>
<td></td>
<td>One home visit and discussions with one male &amp; one female with multiple disabilities and their mother</td>
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<tr>
<td></td>
<td></td>
<td>Travel to CBO, discussions with CBO representatives and Master Trainer</td>
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<tr>
<td>10th May</td>
<td>Saturday</td>
<td>Discussions and group exercises with CHIP staff members at field office</td>
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<tr>
<td>11th May</td>
<td>Sunday</td>
<td>Travel to Islamabad</td>
<td></td>
<td>Concretization of findings</td>
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<tr>
<td>12th May</td>
<td>Monday</td>
<td>Debriefing with CHIP at Islamabad</td>
<td>No activity</td>
<td>No activity</td>
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<tr>
<td>13th May</td>
<td>Tuesday</td>
<td></td>
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<td>Return to Bangladesh</td>
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### 10.0 List of Acronyms:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>Apx</td>
<td>Approximately</td>
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<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CDD</td>
<td>Centre for Disability in Development</td>
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<tr>
<td>CHIP</td>
<td>Civil Society Human and Institutional Development Programme</td>
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<tr>
<td>LTRC</td>
<td>Local Training and Resource Centre</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MT</td>
<td>Master Trainer</td>
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<tr>
<td>PSA</td>
<td>Participatory Situation Analysis</td>
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