**Terms of Reference for Evaluation**

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# **Evaluation Summary**

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| --- | --- |
| **Program/Project,** **Project Number** | Project number:3608-CBMAUS-MYP Project name: Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPBD) through community based inclusive developmentpotentially main funding organisation: CBM Australia  |
| **Partner Organisation** | Centre for Disability in Development (CDD) |
| **Project start and end dates; phase of project if applicable** | July 2018 to June 2021 (Phase III) |
| **Evaluation Purpose** | The purpose of the evaluation is to evaluate the effectiveness and efficiency of the project interventions as well as the relevance of project to design, plan and outcome. It will also assess the overall impact of the key result areas. The evaluation is expected to provide a clear description of how project activities contributed to achieve project expected outcomes. Through this evaluation, it will be known how the disability inclusion actions will continue even after the completion of the project and what project needs to consider for future implication.  |
| **Evaluation Type** | *Final evaluation* |
| **Commissioning organisation/contact person** | Zakia Rahman, Program OfficerCBM Bangladesh country office (CBMBCO) |
| **Evaluation Team members (if known)** | *To be confirmed.* |
| **Primary Methodology** | Mixed method evaluation using both qualitative and quantitative technique in a participatory way.  |
| **Proposed Evaluation Start and End Dates** | 04 March to 25 April, 2021 |
| **Anticipated Evaluation Report Release Date** | 24 April, 2021 |
| **Recipient of Final Evaluation Report** | 25 April, 2021 |

##  **Background of Project**

## **Overall Objective:** Improved quality of life of persons with disabilities through effective local resources that ensures inclusion for all.

## **Specific Objective:** Target communities have mechanisms and resources in place that enable better inclusion for people with disabilities and other marginalized groups.

## **Time frame:** The project started from 01 July, 2018 and will end in 30 June, 2021. The project was implemented in 14 Union Parishad, two City cooperation and one Municipality (UPs, these are Local Government Institutions) of 08 districts in Bangladesh.

## **Project Locations:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL** | **Partner NGO** | **District** | **Sub-district** | **Project area** |
|  | Jugantar Samaj Unnayan Sangstha (JSUS) | Chittagong | Chittagong Sadar | Patharghata & Firinggi Bazar Ward |
|  | Samata Nari Kallayan Sangstha (SNKS) | Rajshahi | Bagha | Monigram & Bausha Union |
|  | PROCHESTA  | Moulovibazar | Kulaura | Brahman bazaar & Kulaura Union |
|  | SONGSHOPTAQUE | Chittagong | Anowara | Barokhain & Haildhor Union, |
|  | Blind Education and Rehabilitation Development Organisation (BERDO) | Gaizpur | Gazipur Sadar | Chondra (37), Uttar khailpur (33), Himardighi (46), Boro Dewra (53), Ershadnagar (49), Morkun (47) Ward |
|  | Protibandhi Shishu Shiekkha O Paricharja Samity (PROSHIPS) | Jamalpur | Dewangonj | Bahadurabad & Hatibhanga Union |
|  | Amra Kaj Kori (AKK) | Faridpur |  Faridpur Sadar | Ambikapur & Macchor Union |
|  | Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) | Cox’s Bazar | Chokoria | Chokoria Pourosova & Boraitoli Union |
|  | SANGRAM | Patuakhali | Kolapara | Nilgonj, Mithagonj & Baliyatoli Union |

## The Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPBD) Project aims to contribute to improving the quality of life of people with disabilities and their families through effective mobilization of local resources that ensures inclusion for all. Specifically, at the end of this phase, the project envisages that target communities have mechanisms and resources in place that enable better inclusion for people with disabilities and other marginalized groups. These mechanisms and resources are central in the project’s sustainability approach, which involves strengthening of Self Help Groups (SHGs), local government partners and local development actors in disability mainstreaming. The first two phases of the project (2010-2017) have achieved significant impact in the areas of increased awareness on disability rights and improved leadership capacity of people with disabilities in self-help groups, which have led to increased participation of people with disabilities in community activities. In this phase, project has been designed to address the gap and needs. Project will contribute for the improvement of quality of life of persons with disabilities in a multi-sectoral approach that will lead a person with disabilities to improve in every development aspects of life.

## Total Budget of the project is BDT 82,247,574.00

##  **Evaluation Objective, Scope and Intended Use**

## The specific objectives of the evaluation are the following:

* To find out the impact of project’s intervention using the project M & E and to assess the achievement of each key result area against effectiveness and efficiency in order to achieve the desired result;
* To see the relevance between the project objectives and the implemented interventions in regards of context/community/culture/situation of the persons with disabilities;
* To determine the scope of how the results contributed to achieving the objective of the project.
* To obtain lessons from project management practices to guide future project implementation;
* To get the change and impact of the project, tangible story (1-2 pages) with photos that represent the success of project interventions and
* To figure out some of the best impact areas to showcase in the project;
* To develop recommendations that the project needs to consider for future implication.

**Scope of the evaluation:**

## The scope of the evaluation covers the life of the project from July 2018 to December 2020, hence all the activities conducted, results delivered, the outcomes and impacts on the target groups, the good practices generated, the lessons learned, and the recommendations for designing future implication based on what has changed in the given context.

**Determine the target audience of the evaluation:**

## The evaluation is intended for CDD, local partner organizations, Apex bodies, CBM and Australian Aid. The learning, best practices and recommendations will be widely shared among non-government and government stakeholders at local, national and international levels.

##  **Evaluation Questions**

|  |  |  |
| --- | --- | --- |
| **Key Result Area** | **Evaluation area of Inquiry** | **Evaluation Questions** |
| 1. Self help groups and apex bodies as resource platforms for inclusion of people with disabilities and other marginalized groups in their communities.
 | Effectiveness | * What have been achieved? (Refer to the indicators of M&E framework.)
* What did not work? Why?
* To what extent self help groups and apex bodies worked for developing a disability inclusive mechanism in at their communities?
* What difference have these bodies made? How effective are they in building change/in building more cohesive and inclusive communities?
 |
|  | Efficiency | * In what ways did the project deliver outputs and outcomes in a timely and cost-effective way?
 |
|  | Impact | * What has been the impact of capacitated SHGs and apex bodies in their communities and wider communities?
* What changes have been noted and measured among the community leaders, project owners as a result of this project?
* In what ways has this project contributed to local and district development plans? What impact has this project had on the lives of people with disabilities?
 |
|  | Sustainability | * What evidence demonstrated that the self help group and apex bodies will continue their ongoing activities after the project?
 |
| Increased local government and community support for people with disability to improve access for mental health support, livelihoods and protection mechanisms especially for women and children with disabilities from abuse | Effectiveness | * What have been achieved? (Refer to the indicators of M&E framework.)
* What did not work? Why?
* To what extent people with disabilities and other marginalized groups in their communities included in the existing services?
 |
|  | Efficiency | * Whether the interventions and initiatives of the project were appropriate and well timed to increase the support of the local government and community?
 |
|  | Impact | * How project interventions impacted to change the system and practices of the local government institute and adjacent communities?
* What are some of the best impact areas to showcase in the project?
 |
|  | Sustainability | * How the local government and community take lead and feel ownership for the things done by the project?
 |
| Local government partners and community demonstrate commitment and support to increased access of children with disabilities to inclusive education through active engagement | Effectiveness | * What have been achieved?
* What did not work? Why?
* To what extent local government and community supported to transform mainstream school into inclusive school?
 |
|  | Efficiency | * In what ways project influence local government and community to increase their support to create disability friendly environment and to increase the access of children with disabilities in mainstream education at piloting area?
 |
|  | Impact | * What is impact on schooling in these communities?
* What is effect on attitudes of teachers, pupils, as well as pupils with different disabilities, on male and female students, on male and female teachers and administrators, on the families, and the community at large? Impact on teaching tools?
* What capacities of the teachers were improved in relation to project?
* What impact have found on scores of all the students due to improved teacher skills?
 |
|  | Sustainability | * What indication shows that the local government and community feel ownership for maintaining disability friendly environment done by the project?
 |

**Gender:**

Gendered approach considered in evaluation questions, methodologies, in the composition of the evaluation team as well as specific mention of gender issues in the report.

**Evaluation Questions:**

* How has the project enhanced the participation in decision making of women and girls at all levels of the project?
* How useful was the inputs from the project for promoting gender equality?

**Safeguarding:**

Child and adults at risk safeguarding aspects and ethics will be considered in evaluation questions, methodologies and during the entire evaluation process (where the children and vulnerable adult are involved)

**Evaluation Questions:**

* How has the project incorporated child and adults at risk safeguarding issues at every aspects of the project?
* How useful was the inputs from the project for ensuring child and adults at risk safeguarding environment (staff orientation to update on child safe guarding, promotion of child safe guarding through IEC materials, taking measures to ensure safety for children after risk analysis etc.)

##  **Methodology**

The consultant will conduct desk study and field study. Relevant documents will be provided by CDD to the Consultant. The consultant will conduct consultations with CDD management and project team, and CBM representatives before field visits. Project staff will accompany (if required) the Consultant during field visits. Field locations will be at rural and urban areas.

The evaluation should be participatory with all stakeholders and both quantitative and qualitative methods be used. Considering the COVID situation, consultant will design detailed sampling technique that should be used to minimize bias. Considering the risk of COVID-19, Consultant may use phone or online platform to conduct meeting and interview.

The Consultant is expected to provide detail evaluation methodology, schedule, and instruments to the CDD and CBM management for feedback upon which the Consultant will finalize the methodology.

Persons with disabilities are one of the prime target groups, therefore they should be involved in the evaluation and considerations needed to accommodate this in the methodology (sign language, accessible venues, care giver support for persons with mental health needs and additional time). The consultant should consult with global CBM team/ team from Australian Aid to develop plan, guiding questions and finally to develop a high quality evaluation report that will represent the importance of such types of ‘Model Project’. The consultant should consider gender issues and child safeguarding ethics during the whole evaluation process.

**Location selection criteria will include:**

1. At least 5 of the 08 districts

2. At least 50% will be covered

3. Covering both urban and rural locations of the project

4. Project piloting locations will be covered (both inclusive education and livelihood area)

5. A considered mix on apparent strengths

* 2 Perceived Best practice
* 2 Perceived representative of average result
* 1 perceived as still Work in Progress (challenging)

4. Consideration of at least two sites where Gender is well represented

6. Accessibility of sites that does not consume undue evaluation time traveling but it may be necessary to look at least one marginalized site geographically to make comparisons.

##  **Limitations**

We all well-informed about current situation of corona virus (COVID-19). The pandemic can become a major challenge at this time which may limit the evaluation result during the specified timeframe. Hostile weather (monsoon) can be a challenge in some working locations. Besides, it may create challenge for the consultant to communicate with persons with speech and hearing impairment, persons with mental health needs and to involve persons with severe disabilities in the evaluation process.

##  **Evaluation Team and Management Responsibilities**

**Commissioning responsibility**

The evaluation will be commissioned by CDD by procuring the Consultant(s) and approving the design proposed by the Consultant. The evaluation report will be provided to CDD for appropriate distribution to stakeholders and finalized based on comments from CDD and CBM.

**Evaluation Team**

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization** | **Skills /background required** |
| Consultant  | External | * Good understanding on disability issues.
* Extensive work experience in disability inclusive development
* Experience in quantitative as well as qualitative data collection and analysis.
* Experience in participatory evaluation methodologies and community mobilization.
* Previous experience in consulting on Gender and SHGs initiatives.
 |
| Representative from CBM global team / Australian Aid | Internal |  |
| Representative – CBM BCO | Internal |  |
| Representative- CDD (Project Manager) | Internal  |  |
| Representative from sub-partner organization | Internal  |  |
| Representative from OPD/SHG | External |  |

**N.B.:**

* Priority will be given to persons having evaluation experience for international donor supported projects.
* An inclusive team will be formed. The team shall include both male and female members, and a person with disabilities in the team would be considered an asset;
* Interpreter will be provided to the Consultants during field visit (if required by CDD representatives.
* Sign language support will be provided to the team in communication with respondents if required.
* Other reasonable accommodation will be provided to the team (if required), so that people with disabilities can effectively participate.

##  **Management of the evaluation and logistics**

|  |  |
| --- | --- |
| **The evaluation team will be composed of five members: Name and Organization** | **Role (s)** |
| \_\_\_\_\_\_\_\_\_\_, CBM BCO and International | * Contribute to the development of evaluation ToR
* Provide input to the evaluation plan
* Liaison point between CDD and the evaluation team in coordinating day to day logistics of the evaluation
* Communicating with RO and CBM Australia on any significant issues arising during the evaluation process;
* Member of the evaluation team, undertaking interviews, contribute to discussions of findings and analysis
* Provide records of interviews
* Provide input to draft and final reports
* Disseminate learnings to other partners in agreement with CDD
 |
| External Consultant  | * Lead evaluator
* Lead methodology development through the evaluation plan and field work
* Lead evaluation team briefings and debriefings
* Lead data collection and analysis, including desk review
* Lead facilitation of half day informal presentation to CDD project team and management to discuss initial findings and develop recommendations
* Write and ensure reports are delivered by due dates
 |
| Other team members: * 01 representative from CDD
* 1representatative from respective sub-partners
* 1DPO/SHG representative;
 | * Undertake interviews
* Contribute to discussions of findings, analysis and recommendations
* Provide knowledge of local context to the team
* Provide record of interviews, as appropriate
* Help disseminate the learnings from the project
 |

Detail specific **responsibilities of the consultant** regarding logistics:

**Regional Office** **/International Office** has responsibility for:

* Finalize the ToR in consultation with CBMBCO;
* Technical support to the consultant for developing methodology, guiding questions, etc.
* Finalize a high quality evaluation report in consultation with the evaluator.

**Country Coordination office** has responsibility for:

* Reviewing draft ToR and approval of final ToR;
* Participate in selection and approval of consultant and members of the evaluation team;
* Confirming methodology proposed by consultant;
* Participate in key planning and scoping meetings with consultant;
* Communicating with RO and CBM Australia on any significant issues arising during the evaluation process;
* Reviewing draft report and approval of evaluation report.

**Project Partner (CDD)** has responsibility for:

* Developing TOR with CBM and developing/refining evaluation methodology
* Working with the Country Coordinator to organize meeting schedule for evaluation team.
* Identifying “neutral” and disability accessible locations for interviews/ meetings to take place.
* Organizing interviews with beneficiaries according to the evaluator’s requests/methodology. Working with the Country Coordinator to organize meeting schedule for evaluation team.
* Working with project team to engage sign interpreter, transport, food, accommodation and travel logistics
* Ensuring appointments for interviews for evaluation team are organized before team arrive
* Working with the Project Partner to manage evaluation logistics and source required information
* Ensuring that access and inclusion factors are addressed, so that people with disabilities can participate fully.

##  **Expected Results**

The Consultant develops the following documents in the given time frame and language. The report should be presented in the standard evaluation report format of CBM.

* Plan of evaluation with methodology;
* Evaluation instruments 2 days after the briefing meeting in English;
* Provide inception report on 07th day of briefing meeting;
* Draft evaluation report on the 22nd day from briefing meeting in English and the same day de-briefing on the evaluation;
* Reviewed evaluation report incorporating feedback on the 28th day from briefing meeting;
* Signed safeguarding code of conduct by the consultant and evaluation team before initiating the field level work;
* Final evaluation report (within 30 to 50 pages) on the 30th calendar day from briefing meeting in English;
* A 1 to 2 page summary of findings;
* A tangible story (1-2 pages) with photos that represent the success of project interventions to get the change and impact of the project;
* A 2-page executive summary of the report summary for CBM and partners to use.

Detailed work plan and evaluation tools.

Inception Report due by: 13 March, 2021

Draft Report due by: 15 April, 2021

Finalised Report due by: 24 April, 2021

Other expected outputs, e.g. presentation, workshop, draft of new log frame, draft of new Multi Year Plan, facilitation of forum, questionnaires or other survey documents etc.

## **Duration and Phasing**

Detail how long you expect the evaluation to take, including time for preparation and in-country briefings (in particular safety and security briefing).

It can be considered a planning meeting with CDD and CBM that is scheduled weeks before the field work, where methodology and sampling is discussed.

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Location | Number of Days | Expected Dates |
| Project brief  | **CDD office**  | **01 days**  | **04 March, 2021** |
| Desk review of information and submission of inception report  | **Consultant’s office**  | **05 days**  | **05 to 09 March, 2021** |
| Methodology of evaluation developed in collaboration with consultant-CDD-CBM  | **Consultant’s office**  | **02 days**  | **10 & 11 March, 2021** |
| Consultancy meeting between CBM global team and consultant-CDD-CBM to finalize the methodology and plan | **Online meeting** | **01 day** | **13 March, 2021** |
| Field visits, meetings, interviews, etc.  | **Selected field**  | **25 days (Including travel)** | **14 March to 07 April, 2021** |
| Half-day workshop with CDD project team to discuss initial findings and provide feedback  | **CDD office** | **Half day** | **08 April, 2021** |
| Consultant submits draft report | **Dhaka** | **06 Days** | **15 April, 2021** |
| Comment on draft report by CDD and CBM  | **Dhaka** | **06 days** | **21 April, 2021** |
| Consultant makes changes as necessary and submits final report  | **Dhaka** | **2/3 days** | **24 April, 2021** |
| Project end Evaluation report +/- findings disseminated to partners, and CBMBCO by CDD.  | **Dhaka** |  | **25 April, 2021** |

##  **Costs and payments**

* The consultant will receive half of the total contracted amount after submission of inception report. Rest of the amount will be provided after receiving the final evaluation report.
* Total amount included all cost for conducting evaluation consolidated consultant fee, transport cost (local/international), accommodation, food and visa fee (if required).
* VAT and TAX will be deducted at source as per applicable Bangladesh government rules.
* Payment will be made on submission of bill upon completion of the evaluation report by A/C Payee Cheque issued against the consultant.
1. **Applications**

***Please insert here:***

Expressions of Interest shall be submitted by (27 February 2021) to (info@cdd.org.bd, cdd@bangla.net CC: keya.cdd@gmail.com and shall include:

* Brief description of consultancy firm/consultant/team
* Detailed CVs of each suggested team member
* Understanding of this TOR and suggested methodology
* Availability of team and suggested schedule
* Financial proposal

Only complete applications will be considered. The contractor may ask for references and/or examples of previous work and reports during the recruitment process. The contractor reserves the right to terminate the contract in case the suggested and agreed upon team members are unavailable at the start of the evaluation and no adequate replacement can be provided.

Each team member, incl. interpreters, enumerators etc need to fully comply with and sign CBM’s or the partner organisation’s Code of Conduct and Child Safeguarding Policy as well as commitment to data security and privacy.

1. **Attachments**

List documents that need to be known to the evaluation team in advance of the mission, such as project description, logical framework or theory of change documents, most recent reports, recent financial report or audit documents, any previous assessment, review, evaluation report (as applicable).

Note that those documents will be made available to the consultant after signature of contract.

If applicable include CBM position paper on topics relevant to the evaluation (gender, child safeguarding, DID) and the focus of the project/programme to be evaluated, evaluation standard and quality criteria for external consultants.

Include the stakeholder analysis matrix and the outline/template of the evaluation report.

## **Appendix 1: Stakeholder Analysis for Evaluation.**

You could use a matrix like this to examine stakeholders involved in the project, and determine whether and how they could contribute to the evaluation, through interviews, surveys and meetings.

Please list **all** current and potential external and internal stakeholders including beneficiaries that contribute or influence the success of the proposed project(s)[[1]](#footnote-1) being evaluated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Stakeholders** | **What is their interest and contribution in the proposed project?** | **What is their power and influence in the project** (1-5 rating, 1=low, 5=high) | **Will the project involve / these stakeholders in the evaluation? How?**  |
| **Primary Stakeholders** |
| SHGs and Apex bodies | **Interest:*** Capacity of SHG and Apex body members has been enhanced through different training (e.g. Advocacy & facilitation, leadership, mental illness, disaster preparedness, legal aid, child safeguarding, etc.) and developed their skill by involving them in local & district level workshop, collaboration meeting with DPOs, multi stakeholder meeting, etc.
* They received rehabilitation services like PRT, assistive devices to become more active, increase mobility and help to lead a dignified life.
* A number of group members included in group managed livelihood scheme for their economic empowerment.

**Contribution :** SHGs and Apex bodies conducted advocacy, networking, lobbing with different government and non-government stake holders for inclusion (access in safety net scheme, education, IGA, employment, health & rehab, etc.) of persons with disabilities and marginalized people. This process established the acceptance and goodwill of groups as a resource for their community. This enabled the opportunity for other persons with disabilities and marginalized people to ensure their active participation in family and society. | 5 | Most of the project activities are designed to involve or implement by SHGs and Apex bodies. So they will be involved as key stake holder through different meeting, FGD, interviews to assess their changes and contribution towards disability inclusion in their community.  |
| Teachers | **Interest:**Teachers of the selected schools has been capacitated on inclusive education & pedagogy, sign language, braille, eye & hearing screening, child safeguarding to scale up their capacity for ensure inclusive education at 10 primary and 02 secondary schools.  **Contribution:**During the process of enabling inclusive education environment, teachers of selected schools contributed through teaching & learning process, creating awareness among students & guardians on disability issue and actively involved in all stages of inclusive education. | 4 | Teachers of the selected 10 primary and 2 secondary schools will be involved in the evaluation through interviews, FGD, etc. to evaluate their involvement and the impact of project interventions towards creating inclusive environment at selected schools.  |
| **Secondary stakeholders** |
| Local NGOs & DPOs | **Interest:**Disability inclusion is the common interest of DPOs, SHGs and Apex bodies. Through the advocacy and awareness activities by the SHGs, Apex bodies and partner organization, understanding of Local NGOs on disability issues increasing. On the other hand success or achievement of persons with disabilities creating their interest in disability inclusion in their project or programs. **Contribution:**Through the joint advocacy and action plan, DPOs triggered the disability inclusion process in the local context.  | 3 | Representatives from Local NGOs and DPO/OPDs will involve in the process by contributing to the discussions of findings, analysis and recommendations. They will also help to disseminate the learnings from the project.  |
| Local Government institutes (Union, Ward, Upazila) offices | **Interest:**Local government institutes (LGI) are responsible for overall development in local context. Through the advocacy, awareness, local level workshops by the SHGs, Apex bodies and partner organization, understanding of local government representatives or officials on disability issues increased and disability issues included in their priority list. **Contribution:**LGIs contributed through incorporating disability issues in their activities like budget allocation & implementation on disability, include persons with disabilities in standing committees, safety net attachment, allocation of schemes, etc.  | 3 | Local government institutes has a great impact to fulfill the objective of the project. As a result these institutes will be involved to assess the overall impact of disability mainstreaming through meetings, FGDs, interviews, etc.  |
| District and sub-district level government departments (social welfare, health, education, youth development, women and children affair, livestock, agriculture and fisheries) | **Interest:**Departments like social service (government’s focal department for persons with disabilities. they provide ID card, disability allowance, loan, etc), women & child affairs (legal aid, training), youth development (training & loan), livestock (training & loan), education (inclusive education), agriculture and fisheries (training & loan) are responsible for provide relevant specific services in their working area. When persons with disabilities raise their demand and share the success cases, District and sub-district level government departments became interested to provide services for them. Furthermore, through advocacy and effective communication, persons with disabilities increase their attention for disability inclusion. **Contribution:**District and sub-district level government departments contributed through replicate models (SHGs), allocation fund on disability, include more persons with disabilities in their services like loan, safety nets, training, schemes, IGA grant, etc.  | 3 | Project aimed to develop inclusive services and inclusion of persons with disabilities in different services of district and sub-district level government departments. Personnel from these departments can be interviewed during evaluation period to know the factors that influence them to become inclusive.  |
| Community clinic | **Interest:**Community clinic staff and committee members has been oriented on disability issues. However, they also informed about disability specific available referral services which created their interest to work for persons with disabilities.**Contribution:**Community Clinic contributed through provision of health care services to persons with disabilities and include disability issue in their regular awareness program for the community people. | 2 | FGD, Meeting or interview cab be done with Community clinic staff and committee members to assess their changes and their contribution towards provision of inclusive health care services at their community clinic.  |
| Legal Aid service providers | **Interest:**There are some specific interventions in the project to create linkage between persons with disabilities and legal aid service providers. Through the whole process, legal aid service providers became interested to extend their services for persons with disabilities. **Contribution:** Legal Aid service providers contributed to ensure justice for persons with disabilities and also help to the knowledge development process of SHGs and Apex bodies on justice, end violence, legal procedure and relevant issues. | 2 | Meetings or interviews can be conducted with legal aid service providers to get an idea about their contributions to ensure justice for persons with disabilities.  |
| One stop service centers of JPUF | **Interest:**One stop services centers of JPUF mainly works for providing rehabilitation services, where SHGs, apex bodies and partner NGOs helped them to create linkage with person with disabilities from their communities.**Contribution:**One stop services centers of JPUF contributed through providing assistive devices & therapy services to the person with disabilities.  | 2 | Meetings or interviews can be conducted with the staff of One stop service centers to know their contributions toward disability inclusion through providing assistive devices & therapy services to the person with disabilities.  |

1. [↑](#footnote-ref-1)