

## Activity Report of AFSDI

**Name of the Organization:** Agency for Sustainable Development Initiatives (AFSDI)

**Project No.** 2017/156/CBR/DLI/LFW-17

**Project Title: Phasing out Programme:** Promoting the rights of Persons with Disabilities through Community Based Rehabilitation in 30 villages of Mairang Block, West Khasi Hills District Meghalaya (9<sup>th</sup>Year. April 2017 to March 2018)

**Period of report:** April 2017 – March 2018

### Section A: Qualitative overview:

#### 3. PARTNER ORGANISATION CHANGES

##### 3.1 MANAGEMENT & POLICY

**3.1.1** POLICY CHANGES – *any policy level changes in your organization which contributed for the effectiveness and efficiency of CBR programme.* **(cumulative information)**

➤ NIL

**3.1.2** STAFF CHANGES – *any staff changes at management level and CBR programme level* **(during reporting period)**

➤ 20% (1/5) of CBR staff (Co-ordinator) has left the organization during the reporting period. And in her place one of the CBR field staff was appointed as co-ordinator and appointed Ms. Shabarihun Ryntathiang one of the PWDs as CBR field staff

**3.1.3 CAPACITY BUILDING INITIATIVES(applicant and CBR staff)(during reporting period)**

*Describe the capacity building efforts, at what level of the organization, who benefited, which strategies have been used, i.e. training, workshop, exchange, programs, etc. (number of staff, number of trainings, number of workshops), describe the results (what was tackled, content of training) of the capacity building efforts undertaken and relate those to where you stand now as an organization. Refer to the indicators you mentioned in the application.*

**A. By Training Centre of CBRF:**

- ☛ 2 CBR staff attended training on new RPD act at Bethany Society on 15<sup>th</sup> – 17<sup>th</sup> May 2017.  
**Output:** CBR staff gained knowledge on the new RPD Act 2016.
- ☛ 1 CBR staff attended meeting with HANs Foundation at Bethany Society on 18<sup>th</sup> May 2017.  
**Output:** CBR staff had gained knowledge on concept of Disability, the status of PWDs on the past and present.
- ☛ 3 staff from Bethany society and 2 Members from HANs Foundation visited CBR programme at Mairang on 2<sup>nd</sup> June 2017.
- ☛ Need Base Training by Kerlinda War, Training Coordinator from Bethany Society on 18<sup>th</sup> to 23<sup>rd</sup> September 2017.  
**Output:** Gained knowledge on how to improve in providing and intervention with regards to Home Base intervention, Mother Group, Children Group, strengthening strategies for DPOs and also learnt more knowledge on how to plan, implementing, how to maintain documents and as coordinator how to monitor other staff to be able to functions effectively.
- ☛ 4 CBR Staff attended MI training (Follow-up) at NSS, Nongstoin on 27<sup>th</sup> and 28<sup>th</sup> September 2017.  
**Output:** Gained knowledge more about Mental Health.
- ☛ Coordinator attended Road to Inclusion Training at Bethany Society on 2<sup>nd</sup> and 3<sup>rd</sup> November 2017.  
**Output:** Learnt about Roads to Inclusion and its tool on how to measure social inclusion.
- ☛ 20 participants and 5 staffs attended Training on Solid Liquid Waste Management organized by AFSDI office trained by Bethany Society staffs at Langtor on 29<sup>th</sup> March 2018.  
**Output:** Gained knowledge on how to make profit from the waste Management which can be one of the livelihood support for those who implement the training.

**B. By CBRF:**

- ☛ Coordinator and applicant attended Partner's meet at Guwahati on 6<sup>th</sup> and 7<sup>th</sup> June 2017.  
**Output:** Learnt about CBR programme and its functions in India, gained knowledge on new RPD Act 2016 and also about the new reporting format in health, education, social, livelihood and advocacy/ empowerment.
- ☛ Coordinator attended TOT at Guwahati on 21<sup>st</sup> – 23<sup>rd</sup> June 2017.  
**Output:** Gained knowledge on how to train the VDPOs members from the Module 2 and 3.
- ☛ 3 days Facilitation visit by Ms. Netrasikha Dutta, Programme Officer CBRF, Guwahati on 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> August, 2017.  
**Output:** Gained knowledge on how to improve in providing and intervention with regards to Home Base intervention, Mother Group, Children Group, strengthening strategies for DPOs and also learnt more knowledge on how to plan, implementing, how to maintain documents and role

and responsibility of coordinator and CBR Workers, how to monitor other staff to be able to functions effectively.

- ☛ Coordinator attended 2 days Samarthya Programme at New Delhi on 6<sup>th</sup> and 7<sup>th</sup> December 2017.

**Output:** Gained knowledge on the work done and functioning of CBR at different states.

- ☛ 2 Days Reflection Workshop of DDPO at WSSS by Sir Sudeendra on 15<sup>th</sup> and 16<sup>th</sup> December 2017.

**Output:** Gained information on the achievements of DDPO and the strength and weakness of the group.

- ☛ Director and Coordinator attended DLI Evaluation by Sir Bhushan and Sir Francis at WSSS on 19<sup>th</sup> to 22<sup>nd</sup> February 2018.

**Output:** Through the evaluation it was an eye opening to realize our strength and weakness during implementation of different services provided to PWDs and the benefits that can be avail by them.

### C. By others related to disability:

- ☛ One member from LFW along with 2 staff from CBR Forum Guwahati visited CBR programme at Mairang on 6<sup>th</sup> April 2017.

- ☛ 4 Staff attended Capacity Building Training for at WSSS on 5<sup>th</sup> for BDPO and 6<sup>th</sup> for DDPO on May 2017.

**Output:** Gain knowledge on new RPD Act 2016.

- ☛ Meeting with the Board Members along with the Heads of the different projects on 1<sup>st</sup> June at Head Office, Shillong.

**Output:** Gained knowledge on how to manage and function as co-ordinator for better improvement, functioning and to achieve best result in the programme.

- ☛ 4 staff attended observation on the International day against drugs abuse and illicit trafficking at Mairang on 27<sup>th</sup> June 2017.

**Output:** Learnt about the present status of drugs abuse, its effects and its harmfulness to the generation if it's not control the trafficking of illicit drugs.

- ☛ 2 staff and PWDs participated on Marathon the theme on the '**Right to Vote**' organized by SDO Civil Mairang on 7<sup>th</sup> July 2017.

- ☛ 2 staff and 4 PWDs attending the observation the U Tirot Sing Day at Mairang on 17<sup>th</sup> July 2017 organized by Syiemship Dorbar.

- ☛ Workshop on RPD Act at WSSS on 18<sup>th</sup> & 19<sup>th</sup> July 2017 organized by DLI, WKHD.

- ☛ Meeting with Directors and all the members of VDPO on 20<sup>th</sup> July 2017 at Mairang.

- ☛ Staff and PWDs participated rally against on Physical Abuse started from Umthied Bynther to Madan Mawlum, Pyndengumiong organized by the Umthied Bynther Village Durbar on 12<sup>th</sup> July 2017.

- ☛ PWDs attending the Independence Day on 15<sup>th</sup> August at Madan Mawlum, Pyndengumiong Mairang organized by SDO Civil Mairang.

- ☛ 2 Staff attended one day training on Disaster Management and first aid organized by DDMA, Nongstoin on 24<sup>th</sup> August 2017.

**Output:** Learnt on concept, definition of disaster, management and prevention.

- ☛ Director and Coordinator attended the meeting on Livelihood Programme organized by Finance Department at Main Secretariat Hall, Shillong on 6<sup>th</sup> September 2017.

**Output:** Learnt about the benefits of the programme for PWDs through training.

- ☛ 40 Participants attended Capacity Building Training on Module 2 and 3 at WSSS on 13<sup>th</sup> and 14<sup>th</sup> October 2017

**Output:** it was more helpful for new DPOs member and it was a reminder to all on DPO, its functions, networking and other related topics from module 2 and 3.

- ☛ 11 PWDs participated at Krem Tirot Singh Festival organized by Civil Sub-Division Mairang on 3<sup>rd</sup> and 4<sup>th</sup> November 2017.

**Output:** It was one of the social events that gave opportunity for PWDs to be part of and to show case their talent.

- ☛ 5 staffs were being evaluated by the Internal Evaluator on 9<sup>th</sup> and 10<sup>th</sup> November 2017.

**Output:** learnt more on how to be effective in documentation, Monitoring, Planning, organizing and realizing our strength and weakness.

- ☛ 2 Staffs, 5 teachers and 62 students attended Awareness programme on New RPD Act 2016 organized by the CBR Projects in collaborating with DSWO Nongstoin at Mairang Vidya Jyoty Inclusive School Sangshong on 29<sup>th</sup> November 2017.

**Output:** It was benefited to the student especially teachers where they learnt about the new Rights of Person with Disability.

- ☛ 16 CWDs, 6 Parents and 5 staffs attended General Health Camp and CWDs participated in competition organized as part of World Disability Day at Nongstoin on 30<sup>th</sup> November 2017.

**Output:** CWDs got the opportunities to show case their talent and received free medical health check up.

- ☛ 5 Staffs and about 56 PWDs and parents participated on the Observation of World Disability Day at Nongstoin on 1<sup>st</sup> December 2017.

**Output:** Gained more information related Government Schemes and more of encouraging, motivating speeches which emphasis all Participants.

- ☛ Director and 4 staffs attended the visits by HANs Foundation at AFSDI on 6<sup>th</sup> and 7<sup>th</sup> December 2017.

**Output:** Gained knowledge on how to be more effective on services delivery.

- ☛ Director, 4 staffs and 20 PWDs attended Charity Foot Ball Match at Mairang on 9<sup>th</sup> December 2017.

**Output:** it was an encouragement for PWDs to participate and get idea on how to organize fund raising.

- ☛ 95 participants attended in Advance Christmas programme on 19<sup>th</sup> December 2017.

**Output:** A social gathering on this particular occasion where the PWDs actively participated on different programme like dancing, singing, poetry recitation and other outdoor activities building their inclusiveness and unity.

- ☛ 115 participants and 5 staffs attended Awareness Programme on Mental Health at Mission Village on 20<sup>th</sup> December 2017.

**Output:** Provide awareness on Mental Illness and makes all necessary information related to Common Mental Illness and Severe Mental Illness.

- ☛ Director and Coordinator attended meetings at Bethany Society and Secretariat for ADB Project.

**Output:** Gained information on how to bit for the project so that the youth in our society would develop skills for self-employment.

- ☛ 25 Participants and 5 staff attended Mothers group training at Lyngdoh Maram on 5<sup>th</sup> March 2018.

**Output:** Gained more knowledge on mother's group and to be able to motivate others for supporting severely CWDs.

- ☛ 5 Staffs attended International Day for Women at Nongstoin on 8<sup>th</sup> and 9<sup>th</sup> March 2018.

**Output:** Gained knowledge on various women issues and the entitlement for women.

- ☛ Referral of 25 PWDs for Disability Certificates at Civil Hospital Shillong on 19<sup>th</sup> March 2018.

**Output:** 6 new PWDs received DC, 14 Renewal and 5 did not reach bench mark of Disability.

- ☛ 25 participants attended Interface meeting organized by the office on 21<sup>st</sup> March 2018

**Output:** participants got information on various schemes and got a chance to bring different issues related with PWDs at Block level.

• 2 Staff attended Workshop on National Trust at Bethany Society on 26<sup>th</sup> March 2018.

**Output:** Gained more knowledge on Disability and the 4 type included on National Trust and also discussed issues related with PWDs.

## 3.2 CBR PROGRAMME

OUTCOMES (please give cumulative changes)		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>1. Staffing and Management</b>		
<ul style="list-style-type: none"> <li>The project staffs carries out their activities in such a way that they achieve their intended results.</li> <li>The systems necessary to implement the project effectively are utilized by the organization.</li> </ul>	<ul style="list-style-type: none"> <li>➤ For each staff: % of activities that yielded the expected results.</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>For each staff:</b> 100% (27/27) of activities that yielded the expected results.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ The PIME enables the Director to               <ol style="list-style-type: none"> <li>Ensure the activities are carried out according to the project planner</li> <li>improve the staff performance</li> </ol> </li> <li>➤ The Director ensures that gender and disability equity is practised within the organization and in all its activities</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>The PIME enables the Director to:</b> <ol style="list-style-type: none"> <li>Ensure the activities are carried out according to the project planner through Monthly Meeting with the staff, Individual reports.</li> <li>Improve the staff performance through field visit and discussion with the staff on Monthly meeting and meetings with VDPO Members.</li> </ol> </li> <li>➤ The Director ensures that gender and disability equity is practised within the organization and in all its activities-               <ul style="list-style-type: none"> <li>✓ Set up the Inclusive School, Mairang Vidyajyoti Inclusive School.</li> <li>✓ Appoint 2 PwDs as a Staff at different Projects</li> </ul> </li> </ul>

OUTCOMES		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>2. Health</b>		
<ul style="list-style-type: none"> <li>80% of persons with disability have an <b>adequate level of health</b> (<i>Standard weight/height- in case of children below 5 years, less episode of debilitating illness*</i>) (<i>*illness which stops a child to go to school or an adult to work</i>)</li> </ul>	<ul style="list-style-type: none"> <li>No. of children and adults with disability in the project area who have an adequate level of health</li> </ul>	<ul style="list-style-type: none"> <li>84% (188/223) of 49 children and 139 adults with disability in the project area have an adequate level of health through the report from the Health Centre, Anganwadi Centre and ASHA worker.</li> </ul>
<ul style="list-style-type: none"> <li>60% of children with disability (0 to 14 years) have improved <b>functional ability**</b> for self-care and/or improved communication) (<i>**The ability to perform activities of daily living, including bathing, dressing, and other independent living skills, such as shopping and housework</i>)</li> </ul>	<ul style="list-style-type: none"> <li>No. of children with disability in the project area who have improved level of self-care</li> </ul>	<ul style="list-style-type: none"> <li>76% (38/50) of children with disability in the project area have improved level of self-care through HBI, support from family members and others.</li> </ul>
	<ul style="list-style-type: none"> <li>No. of children with disability in the project area who have improved communication</li> </ul>	<ul style="list-style-type: none"> <li>38% (19/50) of children with disability in the project area have improved communication through HBI, support from family members and others.</li> </ul>
<ul style="list-style-type: none"> <li>40% of adults (15 years and above) with disability (PwDs), have <b>improved/ extended*** mobility</b> and/or behaviour (<i>***Persons with seizure disorder and/or mental illness are able/ allowed to move</i>)</li> </ul>	<ul style="list-style-type: none"> <li>No. of adults with disability in the project area who have improved/ extended mobility</li> <li>No. of adults with disability in the project area who have improved behaviour</li> </ul>	<ul style="list-style-type: none"> <li>30% (52/173) of adults with disability in the project area have improved/ extended mobility by using Crutches, Elbow Crutch and White Cane and Spectacles.</li> <li>87% (48/55) of adults with disability in the project area have improved behaviour</li> </ul>

<p><i>without restrictions when they improve with medication).</i></p>	<p>➤ % of children and adults with disability who have accessed and improved through the use of health and rehabilitation services beyond the project interventions.</p>	<p>➤ 85% (41/48) of children and adults with disability have accessed and improved through the use of health and rehabilitation services beyond the project interventions</p>
--	--	---

OUTCOMES		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>3. Education</b>		
<ul style="list-style-type: none"> <li>Local communities ensure that all eligible children with disability attend anganwadi /school regularly.</li> </ul>	<ul style="list-style-type: none"> <li>No. of villages (out of total number of villages) where 80% of eligible CwDs go to school regularly</li> </ul>	<ul style="list-style-type: none"> <li>27 of eligible CwDs from 34 villages going to school.</li> </ul>
<ul style="list-style-type: none"> <li>60% of children with disability have achieved the <b>academic (refers to Language, Maths, Arts and Sciences)</b> and <b>non-academic competencies (Non-academic refers to values and social competencies that are developed through non-academic activities)</b> as per their age and intellectual capacities.</li> </ul>	<ul style="list-style-type: none"> <li>No. of children with disability who achieve the intended academic competencies</li> <li>No. of children with disability who achieve desired non-academic competencies (This includes socially acceptable behaviour, self-confidence, initiative and creativity, working in a group)</li> </ul>	<ul style="list-style-type: none"> <li>75% (48/64) of children with disability achieve the intended academic competencies</li> <li>91% (58/64) of children with disability achieve desired non-academic competencies (This includes socially acceptable behaviour, self-confidence, initiative and creativity, working in a group)</li> </ul>



OUTCOMES		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>4. Livelihood</b>		
<ul style="list-style-type: none"> <li>60% adults with disability are engaged in livelihood activities which provide for their own needs and/or contribute to the needs of their families.</li> </ul>	<ul style="list-style-type: none"> <li>No. (%) of adults with disability who are engaged in <b>productive activities#</b> that contributes to their family income or wellbeing (<b># Activities which create goods and services objectively valuable to self/family whether or not it is economically profitable, ex-cooking, care of child etc.)</b>)</li> <li>No. (%) of adults with disability who earn sufficient income to meet their own needs.</li> </ul>	<ul style="list-style-type: none"> <li>65% (103/159) of adults with disability are engaged in productive activities that contributes to their family income or wellbeing</li> <li>65% (103/159) of adults with disability earn sufficient income to meet their own needs</li> </ul>
<ul style="list-style-type: none"> <li>Local community ensures that all its eligible members with disability access the social security benefits and available skill development/ livelihood opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>No. of persons with disability who have accessed social security benefits and skill development/ livelihood opportunities through support from the local community</li> </ul>	<ul style="list-style-type: none"> <li>77% (122/159) of persons with disability have accessed social security benefits and skill development/ livelihood opportunities through support from the local community</li> </ul>

OUTCOMES		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>5. Social</b>		
<ul style="list-style-type: none"> <li>80% of children and adults with disability participate in the activities/events of their respective family and community.</li> </ul>	<ul style="list-style-type: none"> <li>No. of children and no. of adults who participate in all family events/ activities</li> </ul>	<ul style="list-style-type: none"> <li>89% (57/64) of children and 69% (111/159) of adults participate in all family events/ activities</li> </ul>
	<ul style="list-style-type: none"> <li>No. of children and no. of adults who participate in the socio-cultural activities of their community.</li> </ul>	<ul style="list-style-type: none"> <li>66% (42/64) of children and 47% (75/159) of adults have participate in the socio-cultural activities of their community.</li> </ul>
<ul style="list-style-type: none"> <li>50% of the adolescent/adults with disability participate in the decision-making processes in the family and the village.</li> </ul>	<ul style="list-style-type: none"> <li>No. of adolescents/ adults who participate in family decision making</li> </ul>	<ul style="list-style-type: none"> <li>64% (101/159) of adolescents/ adults have participate in family decision making</li> </ul>
	<ul style="list-style-type: none"> <li>No. of adolescents/ adults who participate in village level decision making</li> </ul>	<ul style="list-style-type: none"> <li>35% (55/159) of adolescents/ adults have participate in village level decision making</li> </ul>

OUTCOMES		
3.2.1	3.2.2	3.2.3
OUTCOMES	OUTCOME INDICATORS	REPORT AGAINST OUTCOME INDICATORS
<b>6. Advocacy and Empowerment</b>		
<ul style="list-style-type: none"> <li>DPOs together with villagers to engage with government and other service providers and ensure access to services and entitlements are available to other members of the community <i>(at the level of Block/Panchayat level DPOs)</i></li> </ul>	<ul style="list-style-type: none"> <li>No. of joint initiatives taken by the DPOs along with the villagers to access entitlements and services</li> </ul>	<ul style="list-style-type: none"> <li>(12/18) of joint initiatives taken by the DPOs along with the villagers to access entitlements and services</li> </ul>
	<ul style="list-style-type: none"> <li>No. of DPOs who have ensured access to services and entitlements for PwDs</li> </ul>	<ul style="list-style-type: none"> <li>89% (16/18) of DPOs have ensured access to services and entitlements for PwDs</li> </ul>
<ul style="list-style-type: none"> <li>DPOs act as catalysts within their community to ensure that all PwDs are accepted as community members and they take responsibility for the growth and development of PwDs. <i>(at the level of Village level DPOs)</i></li> </ul>	<ul style="list-style-type: none"> <li>No. of PwDs, through participation in the DPOs have become capable of making choices for their life and work to achieve them.</li> </ul>	<ul style="list-style-type: none"> <li>79% (83/105) of PwDs, through participation in the DPOs has become capable of making choices for their life and work to achieve them.</li> </ul>
	<ul style="list-style-type: none"> <li>No. of villages in which there is active intervention for inclusion and development of PwDs through the involvement of DPO members.</li> </ul>	<ul style="list-style-type: none"> <li>92% (22/24) of villages in which there is active intervention for inclusion and development of PwDs through the involvement of DPO members</li> </ul>

OUTPUTS		
	3.2.4	
REPORT AGAINST OUTPUT INDICATORS based on your planner during the reporting period.		
<b>1. Staffing and Programme management</b>		
<p><b>1.2</b> Weekly/Monthly review and planning meetings.</p> <p><b>Output:</b> 100% (5/5) of staff is able to :</p> <ul style="list-style-type: none"> <li>• Maintain proper weekly and monthly planning</li> <li>• Maintain their reports</li> </ul>		

OUTPUTS		
	3.2.4	
REPORT AGAINST OUTPUT INDICATORS AS PER YOUR PLANNER		
<b>2. Health</b>		
<p><b>2.1</b> Referral service for PWDs of Disability Certificate to Civil hospital</p> <p><b>Output:</b> 36% (11/40) of PWDs had received Disability Certificate.</p> <ul style="list-style-type: none"> <li>• 39% (27/69) of PWDs had received Identity Cards.</li> </ul> <p><b>2.4</b> Formation and strengthening of Mother’s Group for rehabilitation of the severe and multiple disability</p> <p><b>Output:</b> 50% (2/4) of Mothers group have been in place by 2017. These groups has less potentials and skills to:</p> <ul style="list-style-type: none"> <li>• Reached out services to needy CWDs for rehabilitation</li> <li>• Sharing their ideas and knowledge</li> <li>• Helping others Child in the community</li> </ul> <p><b>2.5</b> Referral for corrective surgery</p> <p><b>Output:</b> 40% (2/5) CwDs have facilitated for Hydrocephalus and speech surgery and one on corrective surgery for Cleft Palate.</p>		

## OUTPUTS

3.2.4

### REPORT AGAINST OUTPUT INDICATORS AS PER YOUR PLANNER

#### 3. Education

##### 3.1 Facilitate scholarship for school going children (CWDs/PWDs)

**Output:**

- 10 of CWDs/PwDs have obtained new scholarship.

##### 3.2 Regular follow up of school visits by VDPOs

**Output:** 68 % (15/22) of educational institutions that have responded on the following

- 2 no Proper TLM in Place
- 3 no Accessible drinking water & toilet
- 6 Ramps in place
- 4 no Extra time dedicated as per the needs of the CWDs.

##### 3.3 Regular follow up visit for Home Based Education (HBE)

**Output:** 100 % (4/4) of CWDs Regular follow up for HBE

- Know the basic knowledge alphabets and numbers
- Identify the different parts of the body
- Identify/ differentiate of colours
- Identify money

##### 3.4: Formation and strengthening of children group:

**Output:** 100% (5/5) 1 at School level and 4 at community level

OUTPUTS		
	3.2.4	
REPORT AGAINST OUTPUT INDICATORS AS PER YOUR PLANNER		
4. Livelihood		
<p><b>4.1</b> Facilitate the PwDs on Vocational Training  <b>Output:</b> 6 PwDs have received training to develop their skills on:</p> <p><b>4.2:</b> Training for VDPO members on Solid Liquid Resource Management from Bethany Society.  <b>Output:</b> 78% (25/32) VDPOs member received training.</p> <p><b>4.3:</b> Livelihood support for PWDs through VDPOs.  <b>Output:</b> 50% (9/18) VDPOs has received livelihood support.</p> <p><b>4.5</b> 23 PwDs have received social security schemes such as:</p> <ul style="list-style-type: none"> <li>• CM Disability Pension Scheme</li> <li>• Maternity Scheme</li> <li>• Old age</li> </ul>		

OUTPUTS		
	3.2.4	
REPORT AGAINST OUTPUT INDICATORS AS PER YOUR PLANNER		
5. Social		
<p><b>5.1</b> Motivate and encourage the PWDs to involve in any community events.  <b>Output:</b> 91 % (32/35) of PwDs have Participated in different community events and activities and able to showcase talents</p>		

## OUTPUTS

3.2.4

### REPORT AGAINST OUTPUT INDICATORS AS PER YOUR PLANNER

#### 6. Advocacy and Empowerment

##### 6.1 Facilitate regular meeting of VDPOs

**Output:** 67% (12/18) VDPOs have increased their knowledge and skills to take their issues forward through regular facilitation of meetings.

##### 6.2 Monthly capacity building training of the BDPOs members.

**Output:** 100% (1/1) of BDPO Group have gained knowledge and confidence to take up issues at block level.

- Conducting regular monthly or weekly meeting
- Taking up issues and addressing
- Learned about the New Acts, different legal aspects and applications
- Networking with other NGO's different Govt. Schemes and legal support

##### 6.3 Observation of International Day of PWDs.

**Output:** 28%(56/200) of PWDs attended and aware:

- On needs
- On Rights
- Contribution in the community and
- Schemes

##### 6.4 Workshop on disability for DPO leaders facilitated by CBR forum

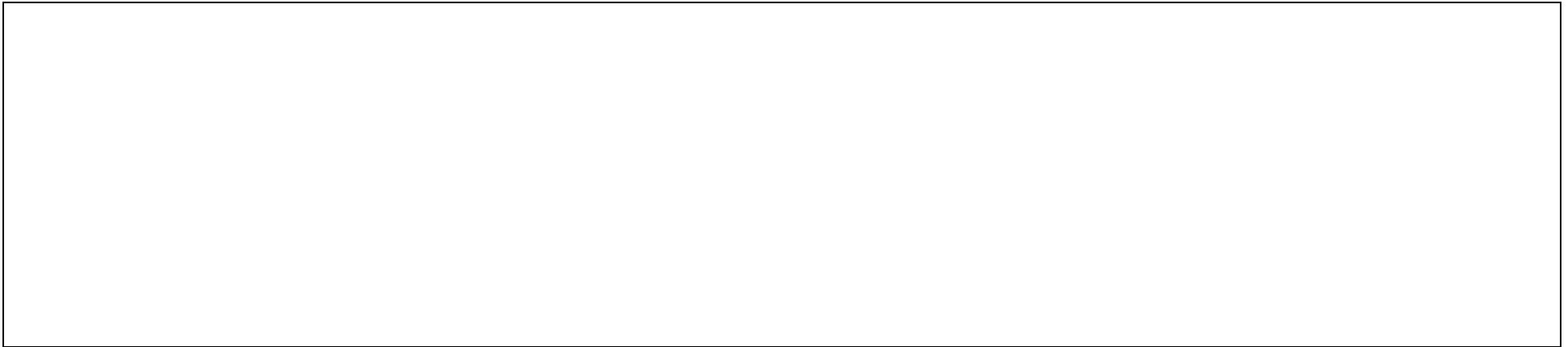
**Output:** 100 % (1/1) BDPO Group are

- Able to address different issues
- Know different strategies to adopt
- Know about the New Acts and different legal aspects
- Know to Network with other NGO's different Govt. Scheme, legal support.

##### 6.5 Interface meeting with the Government officials by the BDPO.

**Output:** 69 % (25/36) PWDs:

- Would learn to access different schemes
- Are able to access in public places
- Able to access appropriate Aids and Appliances
- Receiving educational support



**3.2.5 PROBLEMS FACED AND STEPS TAKEN TO ADDRESS THE PROBLEMS/CHALLENGES (during the reporting period).**

<b>Problems/challenges faced</b>	<b>Steps taken to address the same</b>
Less potential leaders from PwD in DPOs.	Capacity building training for DPO leaders to make them realize the importance of DPOs
Less literate members in DPOs	Encourage and educate them during VDPO meetings
Less specialized doctor in Civil Hospital, Mairang	A memorandum have been submitted to the concern district
Takes a long process to access Disability Certificate	A memorandum have been submitted to the concern district and start department to address the issue
Not issuing of separate job card for PWDs	A memorandum have been submitted to the concern block
Less number of trained teachers in schools	A memorandum have been submitted to the concern block



**3.2.6 CHANGES / DEVIATIONS THAT HAPPENED (POSITIVE & NEGATIVE)**

**Positive Changes-**

- ❖ Majority of the PwDs /DPO leader are well aware about their rights and avail the government schemes by themselves.
- ❖ Community people became more aware about the different issues on health related to disability.
- ❖ The DPOs have able to linkage with the Village Council and other stake holders.
- ❖ Parents and PWDs take initiatives by themselves to apply the scholarship and others schemes from Government Departments.
- ❖ Person with Mental Illness and families are more aware about the effect of mental health and taken regular medicines.
- ❖ Majority of the Family members have accepted the Persons with Mental illness in their family.
- ❖ More CWDs are enrolled in schools.
- ❖ Inclusion and acceptance of PWDs has increase in family level and in community as well.
- ❖ PWDs are included in any social activities.
- ❖ Some PwDs takes initiative to lead the group as well as encouraged/support others PWDs to take responsibility in the group.
- ❖ DPO leaders are taking part in decision making during group meeting.

**Negative Changes-**

- ❖ Some parents and PWDs do not want to involve with CBR programme.
- ❖ Some DPO members does not attend regular meeting. They expect only financial support from CBR Program.
- ❖ Some PWDs does not want to join in the DPOs.

**3.2.7 NEWER AREAS OF INTERVENTION/ NEED FOR MODIFICATIONS/ SUGGESTIONS**

- ☛ 4 Villages are the new areas of intervention which are out of areas coverage. These villages are Pyndengumiong, Tiehbah, Jakhong and Myriaw
- ☛ The intervention are Medication from Sanker, Disability Certificate, Identity Cards and schemes

<b>3.2.8.</b>	<b>BRIEF DESCRIPTION ON THE OVERALL ACHIEVEMENT – Impact level.</b>
---------------	---

Kindly refer to the Impact indicators and report on the changes, if any:

- People in the society are more aware on disability and village leaders have taken initiatives to cooperate with us.
- Most of the schools are taking responsibilities and initiatives by using TLM methods in the class room for helping CwDs in studies.
- There have been changes in overall CBE matrix areas but in livelihood AFSDI still lacking and more efforts have to be made for overall empowerment of PWDs.
- Most of the people are aware about Mental illness and epilepsy and have started going for medication.
- VDPOs, BDPOs, DDPOs & other Disability groups initiate collaboration at higher level for disability issues.

<b>3.2.9</b>	<b>STAKEHOLDERS OF THE PROJECT, NETWORKING &amp; THEIR CONTRIBUTION (during the reporting period)</b>
--------------	---

<i>Describe the co-operation with other actors and stake holders in the project areas</i>	<i>What contribution did they make to the project?</i>
<ul style="list-style-type: none"> <li>• Linkages with the CASA on Livelihood Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• To support group for IGA and others activities</li> </ul>
<ul style="list-style-type: none"> <li>• Linkages with the Asian Development Bank (ADB) on Livelihood programmes</li> </ul>	<ul style="list-style-type: none"> <li>• To support group on Vocational training and livelihood programmes</li> </ul>
<ul style="list-style-type: none"> <li>• Link with the HANS foundation for medication of MI and epilepsy PWDs.</li> </ul>	<ul style="list-style-type: none"> <li>• Support Medication for the PWDs and PWMI under BPL.</li> </ul>

<b>3.2.10</b>	<b>MONITORING – <i>project monitoring strategies of the organization, extent to which stake holders are involved</i></b>
---------------	--

- ☛ Field Visits
- ☛ Monthly Meetings
- ☛ Submission the monthly report by the CBR Staff
- ☛ Follow up the activities
- ☛ External evaluation by CBRF staff

<b>3.2.11</b>	<b>EVALUATION – <i>project evaluation strategies of the organization, extent to which stake holders are involved</i></b>
---------------	--

- ☛ NIL

<b>3.2.12</b>	<b>BEST PRACTICES – those practices adopted and practiced by your organization with respect to the PIME process of the project, which found effective and exemplary.</b>
<p>Some of the best practices on our project area are:</p> <ul style="list-style-type: none"> <li>➤ Monthly Meetings with CBR Staff</li> <li>➤ Meeting with the Heads of the Projects</li> <li>➤ Involvement the Stake Holders in VDPO meetings</li> <li>➤ Interface meetings at Block and District level.</li> <li>➤ Monitor and Evaluation by the funding agency</li> <li>➤ Regular Home Visit</li> <li>➤ Follow up the Plan activities by the CBR staff</li> <li>➤ Regular Monthly meetings in VDPOs</li> </ul>	
<b>3.2.13</b>	<p><b>SUSTAINABILITY</b></p> <ul style="list-style-type: none"> <li>- <i>What local structures and capacities have been created or strengthened so far (DPOs, support groups, various committees of the community)</i></li> <li>- <i>To what extent have the roles of your organization and the target group (community, families and PwDs/DPOs) changed in the course of the process?</i></li> <li>- <i>How do you rate the sustainability of the project?</i></li> </ul>
<ul style="list-style-type: none"> <li>➤ Strengthening of DPOs and encourage active participation of all members in the DPOs.</li> <li>➤ Trained Parents of PWDs during home based so that they will gain knowledge on how to manage CWDs.</li> <li>➤ Link the PWDs with training centers so that they can improve their skills for livelihood activities.</li> <li>➤ Good rapport of the DPOs with the community leaders and other stakeholder in the society.</li> <li>➤ Formation of more DPOs in the village level. .</li> <li>➤ Transfer knowledge and encourage the PWDs to visit government department and avail the schemes on their own.</li> </ul>	

**3.3 Mainstreaming HIV and AIDS (in the overall operational area of the partner NGO- give cumulative results)- no**

Have you done any work related to HIV and AIDS (in the past or currently) through your Organization? Please specify?

☛ NIL

What interventions did you take up with regard to addressing the issue of HIV and AIDS amongst the PwDs and their family members/community during the reporting period?

☛ NIL

What changes (outputs/outcomes) occurred as a result of these interventions to improve the lot of PwDs living with HIV/AIDS?

☛ NIL

### 3.4. Mainstreaming disability.

i. What were your plans for mainstreaming disability at your organization?

- ☛ Inclusion of PwDs in the GB/EC
- ☛ Inclusion of PwDs in CBOs.
- ☛ Accessible Buildings

ii. What are the results of mainstreaming in the following areas?

Area of inclusion in your organization(NGO)	Results (include both qualitative and quantitative results- give cumulative results)
Inclusion of PwDs in the GB/EC	No
Recruitment of PwDs as staff	Yes- 4 PWDs recruit as a Staff in different projects
Accessibility within the organization – physical, information and communication	The Building Construction of the School and Shelter Home was under gone mostly focusing on accessibility.
Inclusion in other programmes and activities.	Yes
Inclusion of PwDs in CBOs.	No
Attitudinal changes witnessed towards inclusion by the management and the staff.	<ul style="list-style-type: none"> <li>• Inclusion of PWDs as a Staff in project</li> <li>• Amongst the staff support each other's in workplace</li> </ul>
Any other: Please specify	

iii. What are your future plans for mainstreaming disability at your organization in reference to the above areas of inclusion specified?

- ☛ Employ PWDs in different Projects
- ☛ Accessibility of the building

(Rev. S. C. Diengngan)  
Signature of Applicant  
Date: 4<sup>th</sup> March 2018.  
Place: Shillong

(Ms. A. Marbaniang)  
Signature of Coordinator