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As Strong as The Weakest Link

An evaluation of the Community Based Rehabilitation Programme (CBRP) in Malawi implemented by Malawai Council of the Handicapped (MACOHA) and Federation of Disability Organisations in Malawi (FEDOMA), supported by Norwegian Association for the Disabled (NAD)

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Norsk Utenrikspolitisk Institutt
Norwegian Institute of International Affairs

NUPI Report

Publisher: Norwegian Institute of International Affairs

ISBN: 978-82-7002-246-5

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Acronyms

AEC	Area Executive Committee (decentralised government on T/A level)
APDM	Association of Physically Disabled Malawi
CBCC	Community Based Child Care
CBM	Christoffel-Blindenmission / Christian Blind Mission
CBR	Community Based Rehabilitation
CBRP	The CBR Programme
CDA	Community Development Assistant
CISP	International Committee for the Development of People
CP	cerebral palsy
CRO	Community Rehabilitation Officer (district level coordinator of the CBRP)
CRV	Community Rehabilitation Volunteer
CRW	Community Rehabilitation Worker (under the CBR programme)
CBO	Community Based Organisation
CSO	Civil Society Organisation
CWD	Child(ren) with disability
DC	District Commissioner
DEC	District Executive Committee
DIP	District Implementation Plan
DIWODE	Disabled Women in Development
DMIS	Disability Management Information System
DPO	Disabled People's Organisation
EHP	Essential Health Package
FEDOMA	Federation of Disability Organisation in Malawi
FTC	Feed The Children
HSA	Health Surveillance Assistant
FY	Financial Year
M&E	Monitoring and Evaluation
MACODA	Malawi Council for Disability Affairs (new name on MACOHA in draft bill)
MACOHA	Malawi Council for the Handicapped
MADISA	Malawi Disability Sports Association
MANAD	Malawi National Association of the Deaf
MAP	Malawi Against Physical Disabilities
MDG	Millennium Development Goals
MGDS	Malawi Growth and Development Strategy
MPWDE	Ministry of Persons with Disabilities and the Elderly
MUB	Malawi Union of the Blind
NAD	Norwegian Association of Disabled
NACCODI	National Advisory Coordinating Committee on Disability
NPEOPWD	National Policy on Equalisation of Opportunities for Persons with Disabilities
NESP	National Education Sector Plan
NESP	National Education Sector Plan
NICE	National Initiative for Civic Education
NORAD	Norwegian Agency for Development
NRT	National Resource Team
OECD DAC	OECD's Development Assistance Committee
PODCAM	Parents of Disabled Children in Malawi
PoW	Programme of Work
PS	Principal Secretary
PWD	Person with disability
QECH	Queen Elisabeth Central Hospital
SNE	Special Needs Education

SSI	Sightsavers International
SWAp	Sector Wide Approach
SWG	Sector Working Group
TAAM	The Albino Association of Malawi
T/A	Traditional Authority
UNCRPD	United Nation Convention on the Rights of Persons with Disability
VDC	Village Development Committee
WWD	Woman/-en with disability

0. Executive Summary

The Community Based Rehabilitation (CBR) programme in Malawi supported by Norwegian Association of Disabled (NAD) is implemented by Malawi Council for the Handicapped (MACOHA), with some components implemented by Federation of Disability Organisation in Malawi (FEDOMA). This evaluation report responds to a Terms of Reference that focused mainly on relevance of the programme design as well as strength and weaknesses in implementation to address during the next programme period. The evaluation is based on document reviews, stakeholder consultations and project visits mainly during April 2009.

The following summary presents only the main findings. The evaluation team's main recommendations are presented in chapter 5.

The report concludes that the programme is highly relevant as compared to international conventions and standards for CBR, as well as national policies and legislation. The relatively minor deviations from international standards are explained to local adaptation. In relation to national policies the CBR programme adheres to all, and is also ahead of some general and sectoral policies in its approach to disability.

The programme is designed for optimal utilisation of available resources within the decentralised governing structures in Malawi, for the mutual benefit of the programme and service providers at district level. However, it is not itself decentralised, but rather a parallel, vertical structure to decentralised service delivery. This is not in contradiction with any policy as disability affairs are not (yet) devolved to districts, but it may lead to some disadvantages in relation to the district assembly. In the possible future decentralisation of disability affairs to districts, there may be confusion of roles between the programme and district assembly.

At local and district level, there is a high degree of harmonisation between service providers including other donors. At national level, there is a certain degree of coordination between donors, but the programme is weak on donor harmonisation as prescribed by the Paris Declaration and Accra Agenda for Action. The evaluation team believes there are untapped potentials in better harmonisation with other donors to disability as well as better integration with donors to other sectors like, for instance, health and education.

The knowledge and awareness of CBR vary among stakeholders; as do the practices. The concept of CBR is far from being popularised

even among key service providers. On the other hand, there is no necessary correlation between knowledge and practices; some service providers who did not know the concept have approaches very close to CBR, while others know the concept but still practice a welfare approach.

In line with the rationales of CBR, the programme has demonstrated outstanding ability to utilise resources and capacity available, not least at local and district level. The main restricting factor is that there are too few resources and too little capacity in service provision in general, in particular with regards to referral services. There is an urgent need to address this problem, as the success of CBR depends on those services.

On national level, the main factor limiting optimal use of resources is the weak coordination of the different stakeholders and service providers. The national coordinating bodies established for disability in general and for CBR in particular do not function as expected. The evaluation team finds that the composition and mandate of NRT is not well designed to solve the task of coordination.

Mainstreaming of disability has shown relatively good progress in the districts where the CBR programme is implemented, probably as a result of the programme. Shortage of human resources and know-how is a main constraint, in addition to the low attention to mainstreaming from sector ministries, again related to the low degree of implementation of the National Policy on Equalisation of Opportunities for People with Disabilities.

The evaluation team finds significant variation with regard to the programme's ability to respond to different types of disability. Mobility disability and visual impairment are the types of disability best served, while deafness, learning disability and cerebral palsy are relatively poorly responded to. The programme has in general succeeded in including women and men on a roughly equal basis, but some issues of lack of attention to women's particular needs were identified, perhaps related to a male dominance among employees and volunteers.

Management of the programme is found to be sound. One of the issues discussed in the report is the lack of a formal decision making forum for all partners in the programme; leaving each partner with the responsibility for only the components implemented by that partner, and NAD as the only formal making decisions on behalf of the programme as a whole. The team also asks whether there may be an over-focus on training in the programme, perhaps at the cost of more resources to supervision and on-the-job training. The team also has some concerns regarding the newly developed Disability Management Information System under implementation.

Regarding sustainability, the evaluation finds that the organisational and technical resources are sufficient to ensure sustainability; financ-

ing is the key challenge. The team believes the current programme implementation structure is too costly in terms of manpower, some of it overlapping in function with extension services under District Assembly (although with different target groups), to enable sustainability and expansion to other districts.

The particular role of role of Federation of Disability Organisation in Malawi (FEDOMA) in the programme is assessed. The team finds that FEDOMA is playing an important role in national discourse and towards national level DPOs, and it is playing that role well. Two arenas where FEDOMA has not been active, is among DPOs on district level and in collaboration with 'mainstream' NGOs.

The role of NAD is also assessed. The team finds the current composition of the different forms of NAD support well adapted to current needs, and the general role of NAD is satisfactory. Some issues are raised concerning financial and managerial issues, as well as the presumed dominant role of NAD in identifying the needs and identification of resources for technical assistance from abroad.

As a general conclusion, the CBR programme is well designed and performing well within its area of responsibility. The most important factors limiting further success of CBR lie outside the reach of programme management. The programme is, as the report title suggests, as strong as its weakest links. Even if the weak links are outside the mandate of the programme they need to be addressed due to the nature of CBR and its dependency on service delivery in other sectors. The recommendations in chapter 5 points to measures towards possible improvements both within and outside programme management.

1. Introduction and Methodology

This report responds to the Terms of Reference for evaluation of the Community Based Rehabilitation (CBR) programme in Malawi supported by Norwegian Association of Disabled (NAD). The ToR states the purpose as 'to provide recommendations for strengthening the CBR programme's response to persons with disabilities' needs', and 'more than focusing on impact assessments, this evaluation will focus on relevance, efficiency, and coherence, since the evaluation will be used as a tool in providing recommendations for improved approaches in the next long-term period (2010-2014)'. Specific evaluation objectives are found in Annex I.

The programme is implemented in four districts by Malawi Council for the Handicapped (MACOHA), with some components implemented by Federation of Disability Organisations in Malawi (FEDOMA). Ministry of Persons with Disabilities and Elderly (MPWDE) as well as Ministry of Finance are also partners of the programme, however with few or no functions in implementation. In line with the nature of CBR, a range of other ministries support implementation through referral services and mainstreaming without formally being part of the programme; their inclusion in some versions of programme budgets should be seen as estimates rather than reflection of formal integration with programme implementation.

The evaluation team was put together by NAD and consists of Øyvind Eggen, social anthropologist and research fellow at Norwegian Institute of International Affairs; Alice Nganwa, disability and public health specialist working with 'Ways for Inclusive Development' (WIND) in Uganda; and Abigail Suka, public health and development consultant experienced in disability programmes and management of CBR in Malawi.

The data sources used for the review include: Programme documents; international conventions and standards; national policies, laws, guidelines and strategies; semi-structured stakeholder interviews; focus group discussions; demonstrations of actual practice in management and service delivery; and consultations with science based literature. A list of stakeholders and documents consulted are given in Annexes.

Most of the interviews and group discussions took place during 14-28 April, 2009. The team applied a participatory, open-ended approach seeking in-depth consultation with stakeholders of all levels and with different relations to the programme. They included representatives of implementing and collaborating institutions; Disabled Peoples' Or-

ganisations (DPOs) and beneficiaries; and other resource persons on national, district and local level. All the four districts of the programme were visited. Some of the communities visited were selected by the team, others by MACOHA (no systematic differences were found between these two categories). Consultations involved a mix of individual and group discussions, and different group arrangements with and without participation of MACOHA representatives as seen appropriate. Consultations were based on a generic guide developed for the purpose, from which the evaluators picked themes and questions relevant to the stakeholders' position vis-à-vis the programme.

Although the evaluation relates to the programme period 2007-2009 data collection and analysis were, in accordance with the Terms of Reference, less focused on that period and more on the next programme period. Systematic, in-depth assessment of actual programme performance, e.g. results (outputs, outcome and impact) in the current period has therefore not been done. The team will nevertheless state that evidence seen during the evaluation indicate that systems and procedures for monitoring, evaluation and reporting on different levels are robust enough to enable accurate reporting of result on aggregated level. No indication of misreporting was found. Hence, the team believes that reports submitted to the donor is a reliable source of information on programme performance for the period under evaluation[1].

To enable a response to all the evaluation objectives within the strict report format stated in the Terms of Reference, this report presents only a condensed version of the findings, the team's main conclusions, and recommendations. Little space have been available for background information, discussion on methodological and other limitations, elaboration on findings, elaboration and justification of conclusions and recommendations. General programme description is not provided as most readers know the programme under evaluation. Brief background information can be found in Annex I (Terms of Reference). Furthermore, the report is written on the assumption that the reader knows the basic elements of CBR and the context of Malawi.

This CBR is a comprehensive approach involving most sectors, in which the boundaries between institutions in terms of responsibilities may often be blurred. The report frequently addresses issues within the mandate and responsibility of other institutions than the programme management and implementing partners, often without specifying which institution is in charge. While this is natural and necessary due to the nature of CBR, it should be noted that in many cases the weaknesses in the programme are due to decisions and priorities outside the mandate of the implementing partners. As a consequence, when the report points towards weaknesses in the

1 The statement relates to reporting on aggregate level to donor only: with regard to M&E for the purpose of ongoing quality management there are potentials for improvements, which is already addressed by the new Disability Management and Information System.

programme it is not necessarily to be read as criticism of programme partners and programme implementation.

In any case the CBR programme as such is a particular, relatively easily identifiable institutional set-up, mainly involving MACOHA and FEDOMA in implementation. When the term 'the CBR Programme' (CBRP) is used in the report, it refers to the activities of these partners within the programme; most of it implemented by MACOHA. When the broader CBR approach is under discussion it is normally referred to by the more specific aspect in question, e.g. disability policy, referral level, inclusion, mainstreaming, special needs education, etc.

The report is structured in the following way: Chapter 2 discusses the relevance of the programme, meaning not mainly (as a strict reading of OECD DAC's evaluation criteria might suggest) relevance of its objectives as compared to needs, policies and priorities, but also whether the particular programme design is optimal within the general social and political, national and international context. Chapter 3 assesses the strengths and weaknesses of the programme, deliberately focusing on areas of improvement in future rather than previous performance. While chapter 2 and 3 are relevant for all programme partners, in particular MACOHA as the one implementing most of the activities, chapter 4 discusses some particular aspects of the roles of the two partners FEDOMA and NAD specifically. The sub chapters within each chapter generally reflect the specific objectives of the evaluation as stated in ToR, although organised differently.

Some recommendations are integrated in the discussions, and chapter 5 summarises the most important general recommendations from the team. For these recommendations, the team have focused on identifying future changes in the programme that may increase the possibilities to continue, sustain and expand the CBR approach in Malawi in a changing political and administrative context, while keeping the high quality seen in the programme of today and at the same time addressing limitations in the context of the programme.

2. Relevance of the CBR programme

2.1 The CBR Programme and international standards

The evaluation team has assessed the extent to which the NAD-supported CBR is aligned to international conventions, guidelines and strategies, in particular the United Nation Convention on the Rights of Persons with Disability (UNCRPD); the draft CBR guidelines by WHO, ILO & UNESCO; and The Africa Union's 'Africa decade for persons with disability', recently extended for ten more years to 2018.
In general, CBR in Malawi has evolved along the global philosophy of CBR. Earlier ILO-supported programmes in Malawi were guided by an approach towards the individual person with disability (PWD) while the CBRP under evaluation aims at addressing the PWDs, the environment they live in and a rights-based approach in creating opportunities for PWDs.

Regarding the **UNCRPD**, the CBR programme has addressed directly a number of articles, namely the right to education, health, work and to a large extent the right to adequate standard of living. More indirectly (and perhaps less effectively), the programme is addressing other articles like freedom from exploitation, violence and abuse, and equality before the law without discrimination. The team found that of the 17 requirements of the state specified by the UNCPRD, the CBR programme and related interventions were addressing 9 requirements directly and the remaining in indirect ways. In some cases issues are addressed, but may fail or give poor outcome due to dependency on non-functional referral services, poor intersectoral coordination and issues being the responsibility of other sectors.

Perhaps as a result of successful advocacy by stakeholders, Ministry of Persons with Disability and the Elderly (MPWDE) has undertaken efforts leading towards ratification of the convention.

WHO CBR guidelines has been the main guiding framework in development of the programme, which is aligned with the five components of the guidelines. This is done through programme activities directly targeting some components; inclusion in public services representing other health, education, livelihood, and social components; activities by FEDOMA and DPOs on empowerment and some social components; and collaboration with NGOs on district level where relevant depending on the services and activities they provide. The composition of the National Resource Team reflects an attempt to align with all elements in the CBR guidelines on national level. On district level representatives for all the five components are participating in the CBR committee and in most cases closely collaborating

with the programme. The team found that focus on all the five components was evident.

Within each main component there are varying degrees of focus and success in the sub-components. For example, the elements of promotion, prevention and medical care in the WHO guidelines seem to have received less attention than rehabilitation and assistive devices. Within education, physical access in public schools, though often limited to ramps, seems to receive most attention. For the different subcomponents under livelihood, social and empowerment there seem to be a large degree of flexibility at community and district level, in which the programme staff makes priorities appropriate to the context rather than following certain guidelines. For example, the specific elements of social inclusion in the WHO CBR guidelines, which are: relationship and marriage, personal assistance, culture and arts, recreation leisure and sports and access to justice, where least addressed, while social inclusion more in general is addressed through e.g. counselling of parents to stop hiding their children. Some of those elements of the guidelines are perhaps given less priority because of the more urgent needs of economic empowerment, education and rehabilitation.

Regarding the guiding principles enshrining the CBR guidelines the programme has emphasised all the six though in varying degrees. Underlying programme activities is the respect of dignity and promotion of independence; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of PWDs as part of human diversity; equal opportunity; and accessibility.

The CBR programme is aligned to the main strategies of the **Africa Decade for PWDs.** The formation and strengthening of DPOs, the attention given to HIV and AIDS and the advocacy towards promoting equal opportunities are among the focus areas.

The CBR programme in its design and approach is also aligned with the rights-based approach integrated in the above documents.
In conclusion, the CBR programme is well aligned to international conventions, standards and norms, most especially to the WHO CBR guidelines, within which specific priorities are made to adapt to the local and national context. The planned ratification of the UNCRPD will likely further strengthen CBR and increase its alignment to the convention.

The team recommends that in planning for future some components that are less focused today should be strengthened. They include issues like promotion, prevention and medical care in health, rights to legal services and other aspects of social inclusion, and perhaps a more explicit focus on rights. Still, adaptation to local contexts is crucial. CBR stakeholders should keep a certain minimum of attention and pressure to the process of ratifying UNCRPD.

2.2 CBR Programme in the national policy context

This section examines the current policy environment for national polices and frameworks that guide and influence the implementation of CBR in Malawi, and how the CBR Programme fits into those. It discusses the extent to which they include reference to issues of disability in general and CBR in particular and assess the provisions therein which would facilitate or impinge on delivery and uptake of CBR programmes. The national policies include the National Policy on Equalisation of Opportunities for Persons with Disabilities Equalisation policy (NPEOPWD); the draft Equalisation of Opportunities For persons with Disabilities Bill[2]; the Malawi Growth and Development Strategy (MGDS); and sectoral policies like National Health Policy and the National Education Sector plan (NESP). The Programme's alignment with the decentralisation policy is discussed in section 2.3.

The Malawi Growth and Development Strategy (MDGS, the PRSP of Malawi) have specific references to disability only under theme three 'social protection' and sub-theme one 'protecting the vulnerable groups'. The approach suggested in the MGDS is a welfare approach towards persons with disability, rather than a developmental or rights approach. This means that the CBR programme goes far beyond MGDS in its approach to disability. The fact that disability is on the agenda of MGDS is still an important entry point for attracting resources to the programme and future mainstreaming in subsequent strategies.

The National Policy on Equalisation of Opportunities for Persons with Disabilities (NPEOPWD) represents a comprehensive approach to mainstreaming of disability across sectors and explicitly adopts CBR as a national strategy in Malawi. It specifies the particular roles of a wide range of institutions and bodies in Malawi. However, while it allocates roles and responsibilities to most public agencies in Malawi, for some of the key agencies (like MoH, MoE, MACOHA, and other potentially important ministries like MoF and Ministry of Economic Planning) it is not very elaborate. Hence, its most interesting applicability is perhaps in those ministries and bodies that are not addressing disability today. The policy gives little or no guidance on how to deal with disability in the context of decentralisation. The plans for monitoring and evaluation in the policy seem not closely integrated with the monitoring and evaluation frameworks already established on national and district level.

Although the policy is not very detailed on the institutional set-up and practical implementation of CBR and the roles and responsibilities of e.g. institutions like MACOHA versus sector ministries in CBR, there is no doubt that the CBR program is in line with the policy. Moreover,

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2 The Bill exists only in draft form. In the current political context in Malawi, in which the Parliament is ineffective there is a large number of draft bills that have not yet been passed, but are nevertheless regarded as reflections of Government policy and adapted to by relevant institutions.

the program is designed and implemented in a way that contributes greatly to encouraging and supporting other institutions in fulfilling their roles on district level.

On national level, implementation of the policy is weak; and as a consequence it is likely to be weak in districts not having a CBR programme. Most sector ministries have not taken it up. Little emphasis has been given to dissemination to and internalisation by the different stakeholders. As a result awareness of the policy is relatively low even by some key ministries. It is widely acknowledged that the policy would be respected and enforce mainstreaming better if the corresponding bill was in place. In the meantime, the CBR programme is perhaps the most effective engines towards implementation of the policy through its involvement of different stakeholders in districts in addition to some advocacy efforts by stakeholders on national level.
The Equalisation Bill is in advanced draft but there currently seems not to be momentum towards its finalisation. The process seems to have lost steam.

Neither the policy nor the draft Bill stipulate implementation structures for delivery of disability services, including CBR, on district and sub-district level to any degree of detail. In fact it may seem like decentralisation is not sufficiently taken into account in the documents. As a result, there are no policy or legal guidelines for how to design and implement a CBR programme. MACOHA has chosen to establish different structures in different districts, the structure reflecting adaptation to different donors rather than to national policies or particularities of the districts. As a result, the structures for CBR are heavily donor directed.

The **National Education Sector Plan (NESP)** now forms the basis for investments by Government of Malawi and development Partners in the sector for the ten-year planning period. The NESP undertakes to increase net enrolment rates targeting those disadvantaged by special needs. Commendable progress is being made for inclusion of SNE in relevant policies and to develop institutional mechanisms for the management of this area. However actual delivery of services for children with various disabilities, especially deaf and learning disabilities, is miniscule. While the CBR programme integrates well with the education sector, and among others facilitates physical accessibility, relatively little is being done within the programme on service delivery within education.

For the **health sector**, there is a range of policies and strategies, none of them explicitly concerning disability; among the most important general documents are the draft National Health Policy and the Strategic Plan 2007-2011, while the most dominant is the Health Sector Wide Approach Program (SWAp) with the corresponding Programme of Work (PoW) and the minimum Essential Health Package (EHP). In this and other policies issues of disability, prevention and rehabilitative services are generally relatively week. The Ministry of

Health has created and filled a new position at the Headquarters as Assistant Director for Rehabilitation, which provides an opportunity for improved focus and priority.

Even though the health policies are weak on disability, there is little doubt that the CBR programme is designed to integrate well with the health sector. There is, however, an untapped potential in implementation structures. The current strategic plan describes health zones; a cluster of districts that are grouped together for monitoring and evaluation of the health programmes. The CBR programme has not taken advantage of the zones by seeking opportunities for inclusion of comprehensive rehabilitation in the zonal monitoring and evaluation. This is crucial for CBR since the health management information system which is coordinated at zonal level, directly influences the sector's plans and budgets.

In conclusion, the Malawi CBR programme is well aligned to disability legislature and policies. Moreover, the team finds it likely that the partners of the CBR programme through advocacy and demonstration effects has had significant influence on the policy and draft bill as well as other government policies and strategies specifically towards disability over the last few years. On the other hand, general (like MGDS) and sectoral (like health) policies in which the CBR programme partners have not invested much in advocacy, seem to be poor on disability.

The national policy on equalisation of opportunities for PWDs is an important tool for furthering the CBR agenda across sectors, as well as providing a basis for expansion of CBR programmes (the latter point to a lesser degree, as the imperative for funding specific CBR programmes is relatively weak in the policy).

The team recommends that programme partners try to influence other sector policies further, including the health sector, and explore potentials for better integration with health policies and strategies with regard to implementation.

Future expansion of CBR would benefit from more (legally) binding, formal prescriptions for structures at district and area level. The fact that the bill is still in draft form, gives an opportunity to fill that gap. The bill could be validated for its relevance and applicability at district level by providing an opportunity to review it in the districts of the CBR Programme. In any case there is a need for the programme partners and/or other stakeholders in disability to advocate for the passing of the bill.

2.3 The CBR Programme in the context of decentralisation

Decentralisation, as laid down in the National Decentralisation Policy and the Local Government Act, has seen slow progress as compared to plans. The most radical reforms including decision making on resource allocation across sectors have not materialised, and political and democratic decentralisation has been stalled or even reversed[3] due to the cancellation of local elections (originally planned for 2005). For the time being there is seemingly no strong momentum in government towards decentralisation. Nevertheless, decentralisation of public management and service delivery is advancing in Malawi and seems irreversible within the current national and international policy context[4]. In foreseeable future it is probably difficult to provide services and implement development programmes outside of the decentralised governance structures, even though specialised and centralised services will still exist. However, how far decentralisation will reach in terms of which decision-making mandates and sectors that will be devolved to district level, is not clear.

The CBR Programme aligns very well with the decentralised institutions. The CBR coordination committee is a sub-committee under District Executive Committee (DEC); Community Rehabilitation Workers (CRWs) are members of the Area Executive Committee (AEC) and volunteers interact closely with Village Development Committees (VDC). This enables optimal integration with other service delivery, improving effectiveness and efficiency of the CBR programme as well as encouraging and supporting all other service providers to mainstream thus improving accessibility of services.

Despite the alignment, the CBR programme organisation itself does not fit into decentralisation. It is a vertical organisational structure established in parallel with the decentralised structure, in which the personnel are accountable to MACOHA head office rather than the District Commissioner and the District Assembly. The Community Rehabilitation Officer (CRO) is not formally accountable to District Assembly and not even to the CBR committee.

A vertical, parallel CBR programme may increasingly be seen as an anomaly within the (supposedly) decentralised governance structure. Among the possible consequence is less status and influence by the CBR programme in decentralised structures. Indeed even some key

3 Whether political decentralisation is reversed or mainly stalled depends on how one looks at the first period (2000-2005) with elected local representatives; many analysts claim that their influence on district level decision making was poor even when the formal structures were in place.

4 The statement 'seems irreversible' should not be read as a prediction, simply a statement that the current policy environment provides few or no indications of policy changes. It is worth memorizing that in Malawi as in most other countries decentralisation is not a new idea (although previous efforts have had different contents and justifications), and historically trends towards decentralisation have been counteracted by centralisation. Institutions and practices have not necessarily changed in correspondence with policies anyway.

stakeholders consulted at district assembly seem to regard MACOHA as an NGO rather than a government institution. Many district officials consulted during this evaluation expressed that they would prefer responsibility for disability issues based directly under the District Assembly rather than as a parallel structure as today, some of them claiming that it would have made their work to mainstream disability easier. Another potential consequence is that the programme is less able to attract funding from official donors, as current trends suggest a preference to sector-wide[5], decentralised approaches[6].

One area in which the CBR Programme is poorly integrated with the decentralised structure, is in monitoring and evaluation (M&E). There is a M&E system in place in districts, based on national mechanisms established under the MGDS and along which stakeholders and service providers are supposed to report. The system is not fully operational and implementation varies between districts. While the two M&E systems cannot be fully combined as the needs are very different, as a minimum the CBR M&E should be designed to feed into it.

In conclusion, the CBR programme is designed to align with and utilise decentralised governance and service delivery, with the lack of integration with the M&E system being the major gap. At the same time, the programme does not itself agree with the principles of decentralised government. The current structure may be seen as an anomaly within the decentralised structure.

Future processes of decentralisation is difficult to predict. In terms of political decentralisation, local elections may, at best, be held in 2010, and in the meantime there are no elected representatives at local (ward) and district level. This is not directly relevant for the political framework for and priorities for CBR is mainly subject to policy development and decision making at national political level. In any case decision making within decentralisation is delegated mainly to district level and not further to local level. Local elections are not likely to change this.

Further decentralisation of other areas than disability affairs might in general terms be beneficial for CBR in the districts where a CBR programme is implemented, as more decisions and resources are delegated to a level where there are highly qualified MACOHA represen-

5 CBR is of course also sector-wide, but in this context 'sector-wide approaches' (SWAp) refers to joint donor arrangements in general sectors like health or education rather than programmes targeting certain priorities or target groups (and when donors stick to targeted programs it is normally within a few high priority areas, like those relating to Millennium Development Goals). A more attractive option for bilateral donors might be to advocate for mainstreaming in relevant sectors they already support, rather than funding a particular programme for CBR. This is not the team's view of preferred options, but an interpretation of donor policies.

6 With regard to decentralisation, for the moment donors' interests seem limited mainly because of lack of local elections and lack of trust in capacity on decentralised level; on medium term, if donor policies do not change, their interest may increase when these two obstacles are solved.

tatives to guide service delivery and mainstreaming. Correspondingly, in districts without CBR and/or strong MACOHA representation the opportunity to influence and supporting other sectors is less under decentralisation.

Management and service provision relating specifically to disability are not among the services that shall devolve according to the Decentralisation policy. The move to devolve depends largely on ministry decision as there is no legal framework or guidance for devolvement of sectors not mentioned in the policy (Hussein 2004). In a process in which most services of relevance to disability are decentralised it is difficult to imagine responsibility for disability still being centralised over time. Within medium term one should therefore be prepared for both scenarios; with and without devolvement of disability affairs.

Without devolvement, it is difficult to see full integration of the CBR programme under District Assembly. However, measures towards even greater integration, including co-localisation and better integration with planning and M&E systems could impact positively.

With devolvement, one may expect that initial confusion of roles between the Ministry, DC and MACOHA might emerge and will have to be clarified. This is because in the absence of devolvement of the sector MACOHA through the CBR programme carries out some functions that would be expected by the District Assembly under decentralisation. They include not only service delivery but also – through some of the work of Community Rehabilitation Officer (CRO) in district and with the CBR Committee – some functions like mainstreaming, coordination, monitoring and evaluation that overlap with natural functions of district assembly in a scenario of devolved responsibility for disability.

Even if some of the functions of the CRO are delegated to an officer under District Assembly, the expertise of MACOHA will still be needed, especially for skills development. This may be more difficult to foster under District Assembly and may be allocated to another structure; perhaps a MACOHA resource centre in each district, or in health zones or other district clusters.

Furthermore, with devolvement of disability affairs and decentralised decision making on budgets across sectors, there will be hard competition for funding between disability and other important interests. In that context lowering costs for implementation of the CBR programme may be important. Even without decentralised cross-sector budget allocations the district assembly may find the current implementation structure economically suboptimal, as some of the functions of the Community Rehabilitation Workers can be seen as partly overlapping with other extension workers, although with more specific target groups.

The team recommends that the CBR programme, in the absence of devolvement of disability affairs, aligns itself as much as possible to District Assembly. Measures should include seeking co-localisation and better integration in planning, monitoring and evaluation. The M&E of the programme should be designed to feed into the district M&E system and utilise that opportunity to influence on those systems to integrate disability. In addition, the CBR Programme should prepare for the scenario of devolvement of disability affairs, keeping in mind that institutional changes takes time; the day devolvement is decided it is late to start preparing. Some of the recommendations for restructuring of the programme in section 3.7, even though not mainly justified by decentralisation, are relevant to this scenario.

2.4 The CBR programme and allocation of resources to disability

Government resources allocated to disability in Malawi are dominantly channelled to the Ministry of Persons with Disability and the Elderly (MPWDE) and MACOHA. According to the National Policy on Equalisation of Opportunities for Persons with Disabilities, MACOHA shall, among others, implement government policies while the Ministry is in charge of, among others, coordination, mainstreaming, resource mobilisation, guidance and support to other agencies involved.

Current allocation of resources does not seem to reflect this. There has been a significant increase in government resources to MPWDE over the last few years, of which almost all has been allocated to MPWDE, much of it for implementation. MACOHA on the other hand have received less. For the moment the Ministry utilises almost three times as much of government resources than its implementing agency MACOHA[7]. The current plans and budget for the Ministry also includes a new CBR programme planned for Chikwawa district (amounting to around 7,5 percent of overall allocations to the Ministry), budgeted by the Ministry and not MACOHA. There are plans for massive recruitment of personnel to serve elderly and disability issues at district level[8].

Although all institutional arrangements are not yet concluded, resource allocation seems to reflect a confusion of roles and responsibilities between key government institutions, in which the ministry takes on roles in implementation not prescribed by the policy. CBR, which according to the National Policy should be implemented by MACOHA, is receiving only a low share of government resources.

7 The budget for MPWDE has increased from MWK 61 million to 337 million over the last four FYs. Government allocations to MACOHA for FY 2009/10 is MWK 121 million. Allocations to the Ministry also include support to elderly. When including donor allocations to MACOHA, the differences become less.

8 The number of 400 has reportedly been proposed; but no decisions or budget allocations are made for this. If recruited, the personnel will not be employed by MPWDE, but probably by Ministry of Local Government and Development Planning.

The priorities should also be seen in the context of current financial constraints to the operations of MACOHA and the high degree of donor dependency.

Also within MACOHA, CBR is subject to competing priorities in terms of resource allocations and activities. Almost half of the core government allocations to MACOHA[9] are used to support vocational training centres, Bangwe weaving factory and specialist services. Furthermore, a range of direct services are provided to persons with disability; including assistive devices, school fees, credits and various forms of training, therapy and treatment. The team does not question the need for such services or MACOHA's mandate to provide them, however; the activities and priorities seem not fully compatible with a CBR approach.

The team recommends that priorities and sharing of responsibilities between the Ministry and MACOHA, and between CBR and other services related to disability, are addressed with reference to the National Policy on Equalisation of Opportunities for Persons with Disabilities.

2.5 Coordination and alignment with other aid interventions

The Paris Declaration on Aid Effectiveness (2005), as well as the Rome Declaration on Harmonisation (2003) commit partners in development assistance to better alignment and harmonisation to improve effectiveness of aid, while strengthening (recipient) country ownership and mutual accountability. The Accra Agenda for Action (2008) confirms and strengthens the commitments, emphasizing (recipient) country leadership and putting much more weight on the inclusion of non-governmental organisations in partnerships and harmonisation efforts. The CBR programme involves government and non-government actors in close collaboration and as such it is clearly a kind of partnership for which the Accra Agenda for Action applies. Only harmonisation with regard to aid and donors is discussed in this section; national coordination is discussed in section 3.3.

At district level, the CBR programme is organised in a way that enables harmonisation of service delivery and most other interventions. The volunteers, the CRWs and CROs are well positioned to develop a reasonably good overview of relevant interventions, and the evaluation brought evidence that they are well aware and committed to best

9 For 2009/10, of the budgeted allocation from government to MACOHA for personnel costs (salaries and benefits) – excluding operational costs – roughly 10 percent is allocated to Lilongwe Vocational Training Centre, 15 percent for Bangwe weaving factory and 17 percent for Kamuzu Vocational Rehabilitation and Training Centre. In addition are smaller allocations to, e.g. an optical workshop. Other ways of calculating, using other cost types, might lead to other percentages; and if donor funding is included in the calculations the overall MACOHA allocations to CBR will be substantially higher.

possible integration with other interventions. The participation of CRWs in Area Executive Committees further enables coordination on Traditional Authority level. The CBR Coordination Committee under District Executive Committee at District Assembly enables communication and coordination across sectors; although not necessarily with donor funded programmes that do not specifically target disability.

Coordination and collaboration is even better at community than district level. In some cases, NGOs may work closely with the programme on community level without having a direct contact point to the CRO. Their activities relating to disability constitute such small portions of their overall activities that it is not natural for them to participate in the CBR committee. There may be untapped potentials in better communication between CRO and these NGOs on district level, whether in exchange of experiences, replication of successful initiatives, joint activities or joint advocacy initiatives. However, the team has not found indications that lack of coordination on that level have led to suboptimal use of resources.

On national level, there are huge untapped potentials for improvement. Within the CBR approach there are three major donors (NAD, CBM and SSI) with programmes that are different in terms of priorities between (and perhaps also in basic understanding of) basic components of CBR as well as different institutional set-ups and management systems. While not directly relevant to donor coordination, the new CBR program in Chikwawa district may also end up as a different structure (depending on the actual design and structure and sharing of responsibilities between MACOHA and the Ministry), hence adding to the lack of coordination of CBR in Malawi.

The only substantial form of coordination is the geographical sharing of responsibility between donors. This is a very basic form of coordination whose main effect is to minimise risk of duplication and conflict. It does not bring in further benefits from harmonisation, which in this particular case might be high due to the different donors having different areas of expertise.

Several members of the Atlas Alliance (for Norwegian NGOs representing PWDs) are supporting different projects and partners in Malawi. Although the activities supported are not directly overlapping and are subject to some degree of coordination, the different approaches are not particularly well harmonised in spite of an Atlas Country Program under development.

In conclusion, while successful in enabling coordination and alignment on local and district level, CBR on national level demonstrates poor alignment to internationally accepted standards and commitments to harmonisation in development assistance.

Attempts are made to enable better coordination; NAD in particular has expressed this interest and has taken some initiatives in this di-

rection. Reportedly, there is recent improvement in the semi-formal communications between partners on the issues. The team has found no evidence that policies, systems, structures or practices of NAD constitutes obstacles to further harmonisation.

The team recommends that donors and partners go beyond the idea of geographic coordination and explore the potentials in closer harmonisation. The fact that the different CBR donors in Malawi have different areas of expertise indeed involves huge potentials for synergies that are best tapped by the donors being engaged jointly in the same districts rather than sharing districts between themselves. Hence, the donors and partners should discuss various forms of joint structures in same districts, with a more thematic sharing of responsibilities.

The partners should be prepared that harmonisation takes time and is a demanding process. There are a lot of incentives to continue status quo among the institutions involved, as it directly affects the organisations' own interests: coordination with and adaptation to other donors and their management systems involves administrative costs, not to mention adapting to different practices and organisational cultures among donors. The benefits, on the other hand, are often not seen among donors but among recipients. As there are internal incentives among donors to continue status quo, and benefits are seen elsewhere, harmonisation is a demanding process, which donors don't easily join: it requires leadership and active advocacy as well as focus on the practical and organisational arrangements.

As a first step one should design the programme organisation for easy integration with future harmonised donor support to CBR. Programme management and implementation structures, monitoring and evaluation systems, information and financial management should be designed towards this end. Structures and systems such as those established for harmonised donor support in other sectors like health and HIV&AIDS could be used as models, even though of smaller scale. If programmes are set up for easy integration with other donors or involvement of new donors, it also increases the opportunities for support from even the major bilateral or multilateral donors. One can also draw on the experiences from the National Prevention of Blindness Committee that brings together government, NGOs and donors to develop and implement one national plan using government structures.

To ease future harmonisation and ensure optimal allocation of resources, the Ministry should establish a National CBR Plan that states the national priorities and establishes a preferred structure for CBR on district level to which all future donors are expected to align. Geographic priorities should be a part of that plan, to avoid a situation where donors 'pick' districts more or less at will, perhaps more based on the donor's interest in a successful programme than with reference to overall needs in the country.

In parallel with preparing for harmonised CBR programmes, stakeholders in disability should strive towards better coordination with donors and funding mechanisms in other sectors relevant to disability, but where joint programme implementation is not an option. In particular, best possible coordination with the large, donor funded programs within health, education and other sectors should be sought. The Sector Working Group (SWG) on Vulnerability, Disaster and Risk Management under Theme 2 of the Malawi Growth and Development Strategy provides a good starting point.

3. Strengths and weaknesses in programme implementation

3.1 Awareness of CBR among key stakeholders

The programme has put relatively high emphasis on creating awareness of CBR and related issues, through trainings and workshops for stakeholders involved on most levels. MACOHA's efforts are supported by various awareness campaign by FEDOMA, often in the form of a 'field day' followed by the formation of DPOs in the area.

Awareness of CBR is high amongst those people that are directly involved in implementing of CBR programmes. These include MACOHA at all levels, FEDOMA, MPWDE, CBR committees, and NGOS like MAP and FTC. The CBR model is well known and many of the staff could outline the five strands of WHO guidelines. The most frequently mentioned aspect of the CBR concept is the use of locally available resources and participation in community.

CBR is generally not well known as a concept among other stakeholders at national and district levels, not even among people closely collaborating with the programme; although awareness of disability as vulnerability factor was very high. Awareness of CBR was also low in DPOs outside of central level of the organisations, and even in CBR programme districts.

At community level, knowledge of CBR was limited. Contrasting the knowledge of CBR with knowledge of other concepts like e.g. Home Based Care or Community Based Child Care for HIV and AIDS, the difference is striking. It shows that CBR is yet a long way from being popularised. Even where a lot of activities that fall under CBR were going on, the concept was not used.

Some NGO partners who are collaborating in the project and providing services to persons with disabilities not only were not familiar with CBR as a concept, but tended to have a welfare approach not in line with CBR. Other NGOs who also did not know the concept, seemed to have an approach and practice very much in line with its guiding principles of CBR.

At all levels, except national level of DPOs, there was very little reference to rights when discussion CBR. This does not necessarily mean that there is not awareness of a rights based approach or that it is not practiced, but it may indicate that the explicit links between CBR and a rights based approach is not very well communicated and felt.

Some factors that may explain the lack of awareness, are limited and short term exposure and training, high staff turnover in key institutions, and the existence of parallel welfare service delivery mechanisms, which prevent the wider adoption and uptake of CBR.

Beyond knowledge of the concept of CBR, there are huge gaps in the awareness and technical know-how needed among stakeholders for CBR to be successful, especially in activities not within the programme. For example, while ramps have been constructed to improve accessibility in District Assembly and in many other buildings, most of them were observed to be narrow and very steep due to lack of knowledge of gradient and surface standards of ramp.

There is not necessarily direct links between awareness and practice. The team found evidence of how stakeholders who know about the CBR behave in ways that are not aligned to CBR, on all levels, from PWDs and DPO representatives who expect services (e.g. loans) directly from MACOHA even though specialist institutions are available locally, to MPWDE that supports mass distribution of wheel chairs.

In conclusion, the awareness of CBR is still very weak outside the core stakeholders involved. As the good practice of some institutions with little knowledge of CBR indicates, CBR does not necessarily depend on full understanding of the concept among most stakeholders. However, there is still need to increase awareness, not least among stakeholders not core to the programme and among persons with disability themselves.

Successful awareness raising towards individuals is relatively expensive and there is no way the programme can afford training all the thousands of stakeholders required for successful implementation of CBR. Rather, the team recommends that more cost-effective mechanisms for awareness raising are sought. Possible mechanisms include cooperation with ‘mainstream’ NGOs and other sectors not specialising in disability, but reaching a large number of people; and production of posters and other information materials for posting in relevant institutions. DPOs should be encouraged and resourced to support awareness building in districts.

3.2 Utilisation of resources and capacity available

A key component and success criteria of Community Based Rehabilitation is the utilisation of available resources not only at local, but also district and national level.

On community level, the programme has demonstrated outstanding ability to utilise available resources. In all areas visited by the team, the volunteers and CRWs had good overview of other community initiatives and service providers of relevance to disability. They have entered into good working relations with these and in many cases

have been able to influence them to include PWDs or adapt infrastructure or services for accessibility. Initiatives to include PWDs in youth clubs and other CBOs, and to improve physical access to churches and mosques illustrate the wide approach being applied to social inclusion, well beyond access to public services. An example of a good practice was the placement of model cerebral palsy (CP) chairs at village level, which a local carpenter could use to design CP chairs on order. Production of crutches for persons with fractures had also been devolved to hospital level, where the hospital worked with local carpenters to produce crutches.

However, in some aspects of the programme such as planning, collaboration on district level was found to be weak, in particular in more long-term, strategic integration with service providers. For instance, the team found that there were little dialogue between the CBR programme and the district health management team in developing plans and implementing static, outreach and training. A similar situation pertained with education sector.

The programme links well with existing referral services. However, a major constraint to the CBR programme, and to disability in Malawi in general, is the very poor referral services. This is perhaps the major bottleneck hindering full benefit from CBR in Malawi. There are also significant differences between referral services with regard to which types of disability are best responded to, as discussed in section 3.5.

Availability of wheelchairs is one of the main limiting factors to mobility for people with physical disabilities. NAD has supported the establishment of a wheelchair production workshop at Queen Elisabeth Central Hospital (QECH) Orthopaedic Centre in collaboration with Motivation Africa. At about the same time MAP, a well-established but financially weak organisation, had capacity and idle human resources to produce wheelchairs. One of the arguments by NAD to support QECH was the intention to work with government rather than an NGO, as well as to involve other Norwegian partners. The establishment of wheelchair production at QECH may be a duplication that may lead to suboptimal use of resources and one may question whether NAD did utilise available resources in the most efficient way. One may also question whether wheelchair production is an activity that is important to locate in a government rather than a private institution. On the other hand, even the two workshops probably do not satisfy the wheelchair needs of Malawi.

On district and national level, there are issues relating to coordination and mainstreaming in other sectors as discussed in section 3.3, which may hinder optimal utilisation of resources.

There seem to be untapped opportunities within civil society involvement and advocacy. The team believes there is a potential for much more involvement of ‘mainstream’ civil society organisations (CSOs)

in advocacy towards general public and key decision makers, as discussed in section 4.1.

In conclusion, the CBR programme links very well with available resources and capacities on all levels, with some limitations following weaknesses in national level coordination and national CSOs. The main problem is that those resources are too few, and in particular that referral services are extremely weak. The problem is of such a magnitude that it is perhaps the main factor limiting the success of CBR. The referral system must be seen as part of a CBR approach and it is also one of the potential interventions of the CBR. The team feels it has not been sufficiently addressed.

The team recommends that the issue of weak referral services are addressed on several levels. It may include advocacy towards relevant stakeholders and in particular decision makers, as well as consideration of parallel investments in referral services together with further development of CBR. One opportunity that seems not sufficiently explored is to advocate towards other donors within e.g. education and health sectors to include disability. For example, the sector-wide approach for health focuses on a few selected priorities that are reconsidered once in a while; disability seems to have been given much less attention than deserved.

3.3 National level coordination

CBR is a multi-sector approach that brings together the government, NGO and private sector at all administrative and social levels. Coordination is therefore needed to rationalise resources and strategies, especially since the partners in CBR have different missions.

On national level, the major structure meant to provide coordination to disability services at large is the National Advisory Coordinating Committee on Disability (NACCODI). The role of NACCODI is, among others, to provide a forum for all sectors on disability, to ensure mainstreaming in all line ministries, and oversee implementation, monitoring and evaluation of disability-related programmes. The Committee was functional during the first CBR programme supported by ILO, but became defunct once there was no funding for its meetings. Stakeholders to the evaluation at district and national level all highlighted the need for such a coordinating body.

MPWDE is also supposed to have a coordination role. The majority of stakeholders consulted on the issue felt the ministry had not played this role but had instead become an implementer instead of coordinating implementers. The establishment of a new CBR programme by the Ministry of Persons with Disability and the Elderly, so far poorly coordinated with other CBR interventions, illustrates the poor coordination.

The MACOHA led CBR programme has introduced a National resource team (NRT) composed of technical experts within each element of the WHO draft CBR guidelines. There is also a National steering committee. Both these forums perform weakly and can be said as having failed to serve national coordination. For the NRT this is partly due to funding; the members were expected be funded by parent ministries rather than by the programme, but the ministries failed to fulfil this expectation. NRT also largely failed to support national coordination because many of the members nominated to the team (by the ministries) were technical persons who were too junior to engage with the ministries'' top management. The main achievement of NRT seems to be sensitisation in CBR districts. The National steering committee (or the 'core team') is not well known and felt at ministry and district level.

Hence, there is no formal, functioning forum for national coordination of the different CBR programmes and not even within the CBR programme under evaluation.

At district, area and village level, coordination is very good through the district CBR committees, participation in Area Executive Committees and linkages with Village Development Committees. The impact of coordination is even greater in the area level, perhaps because the CBR personnel take direct part in the executive committee rather than as in district, through a sub committee of the District Executive Committee. The CBR committee is externally financed and perhaps not always seen as fully a part of the DEC. Several examples of very good results from coordination were observed by the team, not only in rationalisation of resources but also in raising advocacy issues to key stakeholders. For example, the inclusion of disability in the monitoring and evaluation indicators; the construction of ramps in public buildings and schools observed in all districts; the prioritising of PWDs for coupon distribution for fertilisers by many chiefs. Correspondingly, the absence of functioning coordinating mechanisms on national level limits the achievements of CBR programme significantly.

In conclusion, the programme is very well coordinated at local and district level, but not at national level. The team finds the lack of national coordination a serious weakness in the programme. Revitalisation of the NRT, however, may not at this point solve coordination issues. Its mandate and composition is not optimal for national coordination.

The team recommends that the structure of national forums are reconsidered aiming at effective national coordination of CBR. The coordination body should consist of people who represent or are close to decision makers in ministries as well as key NGOs and DPOs, and perhaps donors. One or more technical working groups or (ad hoc) groups of resource persons could supplement the coordination body, but do not need to be member. Ideally, the CBR coordination body should be chaired by the Principal Secretary (PS) of MPWDE and

with MACOHA as the secretariat. Alternatively, a national CBR coordination committee may be established and hosted by MACOHA. It should of course report to NACCODI whose mandate includes CBR.

The National resource team as it exists today, mainly consisting of technical expertise, could be seen as a pool of resources available to support CBR but not as a forum that needs to meet regularly. It could, however, be given ad hoc tasks as a forum, e.g. in developing a draft national CBR plan for submission to the national coordination body and NACCODI for approval.

There is an urgent need to re-establish NACCODI and perhaps reconsider its institutional alignments. Most development planning and coordination in Malawi takes place within the framework of the Malawi Growth and Development Strategy (MGDS). Unfortunately, disability is given little attention in the strategy and corresponding framework. The team believes that coordination of disability in general, and CBR in particular, would benefit greatly by closer integration with MGDS and related structures. One of the Sector Working Groups (SWG) established under Theme 2 of MGDS, in which MPWDE and MACOHA are members, may be an important contact point.

3.4 Mainstreaming progress

There has been relatively good progress made towards mainstreaming disability in the CBR districts, and the team noted better progress in the three districts with longer history of CBR than in Mzimba.

Indicators of sound mainstreaming are, in Balaka district, that the main planning document for the district, the DDP – has included disability, or in Machinga, that the district health plan includes for medical services for people with disabilities, with some cancer prevention work for people with albinism and health worker training in disability awareness. New public buildings being built in the areas where the CBRP is operational are being constructed with accessibility considerations. There has also been modest progress in mainstreaming delivery of education for children with visual impairment. Eye health services seem relatively well mainstreamed, particularly in Machinga, where the DHO's DIP makes provision for cataract surgeries from their own funding. Services for deaf children are severely lacking and continue to be delivered only at specialised centres.

Mainstreaming is progressing better at local than district level. There are places reserved in committees like AEC and VDCs for a person with disability. At local levels, children with disabilities have been mainstreamed into OVC planning and in some instances benefiting from CBCC. In all the four districts, there are reports that PWD are being included in programmes where communities are targeting people in need for coupons, subsidies and services.

Despite the progress made, mainstreaming has been difficult at all levels. Extensive awareness campaigns have not translated into mainstreaming as expected, partly because awareness alone is insufficient. Mainstreaming requires translation of knowledge into behavioural and systemic changes, as well as further awareness building and practical knowledge at individual and organisational levels.

Constraints to mainstreaming disability include a shortage of human resources at all levels. In the four CBR districts, disability expertise lies mainly with the CRO supported by CRWs and Community Rehabilitation Volunteers (CRVs). Even within the CRO/CRW/CRV cadre, there is insufficient understanding of mainstreaming CBR; and far more so at key personnel outside the programme.

Another constraint to mainstreaming is the fact that the National Policy on Equalisation of Opportunities for Persons with Disabilities (NPEOPWD) has not been rolled out. The accompanying action plan is not complete and this has stalled widespread inclusion of disability in development programmes. Key ministry personnel who are willing to take initiatives at their level have not heard and are not aware of the policy. There are also gaps in the policy as it stands now where it does not spell out the implementation structures that are needed to mainstream disability. Currently the policy is in the hands of the MPWDE who had initiated a series of consultations with line ministries to develop action plans for each sector on how they are going to mainstream disability. This was completed two years ago. It is now urgent that the completed document be made available with a dissemination plan.

Another and related constraint to mainstreaming seems to be the limited guidance from central level to their respective departments in districts. This once again emphasises the need for better attention to national level processes. The team found that the knowledge and attention stakeholders have on disability is what they have received from the CBR programme rather than from central level sectoral guidance. The NPEOPWD would assist in this regard.

The lack of integration of disability in monitoring and evaluation systems is also a constraint to mainstreaming. In line with the decentralisation policy, the districts have developed indicators modelled along the thematic areas of the MDGS. There is opportunity here to incorporate disability specific indicators. Likewise there is opportunity to develop CBR indicators to ensure that they can feed into these district wide indicators. Similarly where some mainstreaming is taking place, for example in construction of ramps for buildings in the districts, these should be captured through appropriate indicators. Current monitoring and evaluation for the MGDS and even that of the CBR programme do not capture these developments. This gives the impression that nothing is happening, whereas when these are captured in the form of indicators it would give more accurate picture and encourage others to mainstream within their sphere of influence.

Moreover, no mechanisms financial allocations for disability in the different ministries is an obstacle to mainstreaming. Various mechanisms could be considered, including general guidelines for all sectors to include disability in their budgets (as is done for HIV&AIDS today). For financial allocations to be made in the context of decentralisation disability activities would need to be included in the sectoral plans and systems in place so that expenditures for e.g. accessibility structures are captured in reporting.

The team found awareness raising and communication on mainstreaming to a relatively large degree dominated by moral imperatives and references to key principles like human rights. While these arguments are important, there may be a potential in developing more argumentation based on 'facts and figures', which presents number of people with disabilities, (the limited) costs of mainstreaming as compared to how many would benefit. The release of the results of the population and housing census of 2008, which included questions of disability (results to be disseminated in 2009) may be one such opportunity. In addition, one can develop better arguments for the interlinkages between different interests, so that disability can benefit from other programmes such as HIV and AIDS and malaria. For example, a leading cause of disability in children is CP caused by cerebral malaria. HIV is both a cause and consequence of disability. Malnutrition can cause disability and CWDs are more prone to malnutrition. If these arguments to relate disability to Malaria, child health, HIV and AIDS and nutrition are developed, they may serve to position it in a way that attracts resources. More research may be needed in these fields to enable evidence based argumentation and recommendations.

The team recommends an approach to mainstreaming that goes beyond awareness and focuses more on management, including monitoring and evaluation systems, financing mechanisms and other more 'tangible' mechanisms. This should go hand in hand with further awareness raising, which could utilise a broader set of arguments as indicated above. For all these efforts, the NPEOPWD is a powerful tool that can be used to strengthen, expand and sustain mainstreaming and improve coordination.

3.5 Ability to respond to specific needs

One of the challenges of CBR is to respond to the mainstreaming needs and poverty concerns of a wide clientele. They are of different gender, age, disability types, degree of disability, different experiences of marginalisation within different cultural and economic settings. The ability of CBR to respond to specific or unique needs of PWDs is one of the major features that differentiates it from institution-based rehabilitation. The evaluation explored the extent to which

and the strategies used to meet specific needs of PWDs in the four districts.

The groups of persons that were found to have benefited most from the CBR programme were people with mobility disability and the visually impaired. Programme reporting, MACOHA statistics and stakeholder consultations all indicate that most persons identified from the programme are the visually and physically impaired and a large share of the services provided or referred to are the same category.

Among the reasons for this is the presence of services targeting these specific groups. The programme normally does not provide these services but relies on referral to partners including MAP, CURE hospital, feed the children, SSI, CBM and the Government health facilities. MAP provides medical rehabilitation and assistive devices for persons with physical disabilities in all the CBR districts, and the deployment of MAP rehabilitation technicians at district level has brought the service even closer to PWDs. The Ministry of health has also deployed orthopaedic officers in all hospitals and larger health centres. They provide basic orthopaedic services including treatment of fractures, joint disease and treatment of club foot. Sightsavers International (SSI) has contributed to the prevention of blindness by promoting early identification and treatment of eye diseases as well as the rehabilitation of the blind through orientation and mobility training and supporting education for blind pupils. SSI was established before the current NAD-supported CBR programme, which has built upon the same structures and skills, hence the high focus on the blind and visually impaired. The ministry of education also has a focus on visual impairment perhaps because of support and advocacy by SSI. Among the four districts, it was only in Mzimba where difficulties were reported with working with the blind. SSI has not extended the eye care and rehabilitation project there.

Despite the relative great attention physical disabilities receive as compared to other disabilities, the lack of assistive devices hinders rehabilitation and mainstreaming of PWDs. MAP, the main provider of assistive devices, is facing financial difficulties and has been unable to meet all the needs for assistive devices. The outreach strategy which is the main way of providing devices is expensive and does not allow for adequate training in use of the device. It also suffers from frequent long interruption of services due to lack of funding. The severely disabled immobile persons are also not reached since the outreach clinics are conducted in health centres.

In all the districts visited, the deaf, children with learning (intellectual) disabilities and children with cerebral palsy seem most difficult to provide services for and to integrate in existing programmes. CRWs and CRVs reported lack of skills in communicating with the deaf and inadequate training in management of cerebral palsy. Very few deaf people know sign language. It was also striking that none of the

FEDOMA representatives met in the districts was deaf. Teachers reported lack of skills in teaching the deaf and children with mental disabilities. Most of the deaf and children with intellectual disabilities did not receive education. Very few deaf children were fortunate and were attending special school that provided for the deaf.

A concern raised by the several stakeholders is the emerging and growing numbers of children with cerebral palsy (CP); most of it reported to be a sequel of malaria. This little understood, complex multidisability needs attention, not only by the CBR programme and main partners but also by the policy makers and donors of the ministry of health, of education and of MPWDE. Limited skills at community level and among the CRWs and CRVs to manage the growing number of complex disabilities like Cerebral Palsy, is a cause for concern. The use of parent support groups, CBOs and CBCC, and informal training of parents are examples of strategies that can be explored to reach children with CP with services.

A recent development that is hoped to improve access to rehabilitative health care is the positioning of an assistant director for rehabilitation in the clinical department at Ministry of Health headquarters. Among the major priorities of officer in the post is addressing the skills gap in medical rehabilitation. In this regard, support is being sought for the establishment of a school of physiotherapy.

With regards to gender, the programme has on the whole succeeded in including men and women with disabilities among its beneficiaries on a roughly equal basis. Among the cadre, in most districts there are clearly more male than female CRWs and volunteers. The reason for imbalance was reported by CRWs to be due to traditional gender roles such as heavy housework load than to discrimination in the programme.

One gap that was highlighted by women only focus group discussions is that the CBR programme has not paid sufficiently attention to the sanitation needs of women and girls with disabilities. Latrines in schools are still inaccessible and girls with disabilities were reported to miss school during menstruation. The male dominance among the CBR cadre may hinder knowledge of such challenges. While construction of ramps was one of the major activities undertaken by CBR and the district assemblies to improve access, latrine modification has been less considered.

The team recommends that the CBR programme identifies strategies that will facilitate development of services for the most marginalised disabilities especially the deaf, those with learning disability and persons with CP. Intense focus is required by MACOHA, Malawi National Association of the Deaf (MANAD) and FEDOMA to take sign language training to community level. The programme partners should also influence on other service providers, in particular at national level, to focus on these disabilities. Gender issues should be taken

into account, including mechanisms to ensure that male volunteers and CRWs understands particular needs of women with disabilities that are not comfortably communicated to men. Standards and guidelines that are affordable should be developed and distributed for the modification or construction of latrines and toilets that meet the needs of WWDs.

3.6 Management

Programme management is being located in at least three institutions: MACOHA, which implements most of the activities in the programme; FEDOMA implementing lesser components (under the objective 5 'empowerment'), and NAD, which funds both organisations.

The team has assessed programme management with focus on organisational structure, monitoring and evaluation, management information systems, and decision making structures. Although management depends on (at least) three institutions; organisational and managerial issues internal to NAD and FEDOMA have not been assessed; NAD it is seen as outside the scope of the evaluation and for FEDOMA the organisation is already under a process of organisational assessment and review as part of its cooperation with NAD.

The team found a generally well established and functional programme management system carrying the CBRP. Within MACOHA head office as well as in districts division of roles and responsibilities seem clear, and formalised through job descriptions. There are standardised procedures for planning, monitoring, evaluation and financial management, regular meetings and relatively frequent communication between key personnel on various levels. Some weak aspects of programme documents and strategic planning that were addressed by the evaluation report of 2006 (Claussen et al, 2006) are now improved: There are still some minor logical inconsistencies in some documents; there are seen as more superficial and not of substantial significance. The same can be said about a tendency towards over-optimistic planning and hence under-performance as compared to plans; this is mainly a problem of planning rather than lack of effectiveness. In some cases there are, however, some indications that priorities between tasks are more based on urgent pressures than consideration of medium and long-term needs. Some confusion of roles and related conflicts on district level observed by the team during project visits may be indications of some weak parts of programme organisation; however when they came to surface the issues seemed to have been dealt effectively.

A major strength in the programme is the high level of skills and commitment by key persons at all levels, including volunteers and CRWs, who have impressed the team during project visits. This must be maintained not only in recruitment but also in HR management and in supervision and support to CRWs and volunteers.

There is high demand for training among CRWs and volunteers, which is not met according to expectations. Even more so, there is an unmet demand for technical supervision at several levels. There will always be need for more training. On the other hand, better day-to-day supervision in combination with written material can be a more cost-efficient way of supporting key personnel. In some areas of technical expertise, centralised technical resources should be considered rather than training personnel. For instance, one could consider resource persons or interpreter in sign language rather than training all CRWs.

There is no specific, permanent body delegated to meet regularly and make decisions on behalf of the programme, for example an annual meeting. Coordination between FEDOMA and MACOHA on programme implementation is not formalised. The two partner organisations meet and plan on semi-formal basis, but they have no decision making power over the programme as a whole. The cooperation nevertheless functions relatively well only because of good relations and semi-formal communication between the institutions.

The other ministries that are included in the programme are not included in any programme management structure; the reflection of their contributions in some budgets reflect rough estimates only and no formal integration.

This leaves NAD as the only institution that formally can make decisions and be held accountable for the programme as a whole, as each partner institution in Malawi only accounts for and decides on behalf of the components implemented by themselves. That structure may reduce ownership of leadership of the programme, and it involves the risk of less effective management of problems or conflicts that arise. Due to good working relationships between programme partners this has not lead to problems so far.

Moreover, even within MACOHA there are few formal, regular opportunities to discuss overall programme management. Quarterly and half-yearly meetings on district and programme level seem to be used mainly to consolidate reports and plan the next period. Other issues are also discussed if initiated by participants; but reportedly it is mainly most urgent, often short-term issues that are being discussed. These meetings could be used more explicitly and systematically for more general exchange of experiences and lessons learnt, long-term planning and discussion on strategies and priorities.

The Disability Management Information System (DMIS) currently under implementation responds to previous weaknesses in information management and has been developed with funding from NAD and a Malawian consultant contracted by NAD. The team has some concerns about whether the system developed is too complicated for effective implementation. It probably depends on extensive (and expensive) training of its users and ongoing support both in terms of

data quality and perhaps software issues. There are also some outstanding software problems, for which MACOHA seems dependant upon the developer in solving. A simplification of the system, with a format in which less information is handled on each level of the system (on a 'need to know'-basis) may be easier to implement. MACOHA is experiencing challenges of MIS development that other countries such as Uganda have undergone. It may benefit the MIS coordinator to pay a learning visit to another country and identify issues for improving the DMIS. Exposure to other well-established though different systems such as the Malawi HMIS will also be of benefit.

Further, and more importantly, the DMIS should be integrated with the M&E system at district level so that these two systems may feed into each other, greatly enhancing mainstreaming.

The financing structure, in which the government of Malawi pays salaries and benefits while donors are expected to finance other costs relating to implementation, although common, is suboptimal with regards to utilisation of resources over time. A recent discussion regarding financing for use of vehicles is an indication of unnecessary problems arising from a financing structure that does not allow the implementing institutions to allocate resources where they it finds they can be used optimally.

Systems for fleet management including fuel and maintenance do not allow for a precise distinction between programme activities and other MACOHA activities. The team believes that current practice involve vehicles frequently being used for activities outside the programme; however there is a system (although imprecise) in place for fuel allocation according to activity and financing source.

The team recommends that a structure for decision making on programme level should be established in which all implementing partners (MACOHA, FEDOMA and NAD) participate, for example in the form of an Annual Meeting. Within MACOHA, existing forums may be utilised more deliberately for experience sharing, medium term planning and discussion on priorities. The balance between training and other forms of support to CRWs and CRVs, including more supervision, should be considered carefully within the current time and resource constraints. Maintaining the outstanding skills and commitment of the implementing personnel in districts should be given highest priority. The challenges with the DMIS should be addressed urgently, possibly leading to a revision into a simpler format, and/or training and supervision in its use, and adaptation to enable better integration with M&E and district level.

3.7 Sustainability

The sustainability of the programme can be assessed along several dimensions. Understanding sustainability as 'the continuation of benefits from a development intervention after major development assistance has been completed' (OECD DAC Criteria for Evaluating Development Assistance) there is little doubt that the programme is sustainable with regards to many of the beneficiaries of the CBR programme: They are likely to reap benefits from the programme long time after programme phase out. In the communities and districts where the programme has been implemented, changes in people's attitudes and community responses, and services made accessible are likely to sustain long after programme phase out. This evaluation, however, focus (in line with the ToR) on technical, administrative and financial sustainability, meaning the likelihood that the activities and services provided by the programme will be continued over time. The team also takes into consideration the potentials for upscaling or replication of the CBR programme in other districts, as it depends on much of the same mechanisms as sustainability.

Technically, the programme involves a sufficient number of persons who know CBR and the related fields of technical knowledge to ensure continuation of programme over time. There is no need for external technical assistance on permanent basis to the implementation of the programme; over shorter periods and on ad hoc basis it external technical assistance may still be necessary to carry out particular tasks or in some cases to compensate for capacity constraints.

Organisationally, MACOHA and FEDOMA are sufficiently well managed organisations to ensure continuation over time if financial resources are made available. They also have the capacity to manage government or donor funds. Financially, FEDOMA is more or less fully donor dependent. MACOHA has, in principle, salaries and some services secured by government financing, but financing is limited to personnel costs only and all operations are financially constrained. The fact that its position and functions is stated in the bill provides some protection against radical organisational changes; but it may nevertheless be seriously weakened if the current trends continue. The CBR activities are, with today's financing structure, anyway fully donor dependent.

Both partner organisations, and in particular FEDOMA, is heavily dependent on key personnel, without whom the organisations would be seriously weakened.

The vertical structure of the CBR programme, in which most personnel involved are employed by and reporting to MACOHA, increases vulnerability. Most if not all key personnel (except the volunteers) are wholly dependant on funding for MACOHA's CBR programme. If funding for MACOHA ends, these positions are at high risk. In an alternative structure in which the personnel were employed by the dis-

trict and reporting to district, it might be politically more difficult to remove them and higher incentives to find alternative funding.

The design and structure in at least three of the four districts of the CBR programme reflects a commitment to invest relatively much in each district to achieve a well functioning programme and high quality services. The evaluation team acknowledge that such high investments may be well justified at a certain phase of CBR roll-out. However, it has high costs in terms of human resources, which may be a hindrance to sustainability and upscaling. The team finds it highly unlikely that Government of Malawi will be able and willing to invest comparatively in all the remaining districts of Malawi within medium term. Furthermore, in future decentralised decision making on resource allocations across sectors a relatively expensive CBR programme is at risk of being cut for the benefit of other interests having stronger advocates on district level. As a result, sustainability beyond NAD funding, as well as the potential for expansion, is limited by the current implementation structure.

Therefore, to ensure sustainability of the programme and at the same time enable upscaling to more districts, the team recommends that the programme experiments with less costly structures. The structure in Mzimba can be seen as one step towards learning more about low-cost implementation structures; experiences from Mzimba should be monitored and systematised in parallel with working on alternative models representing minimum requirements for a future programme organisation.

Low costs might possibly be achieved by closer integration with district assembly, preferably directly under the district assembly, and an implementation structure aiming at utilising existing extension workers to a greater extent, reducing the need for CRWs. The Community Development Assistant (CDA) can, for instance, in collaboration with volunteers be given responsibility for identification of PWD, some referrals and basic services within some components of CBR. Much of this can be integrated with other tasks of the CDA with limited extra work load. Relevant functions can also be given to health surveillance assistants (HSA).

The need for MACOHA's expertise will be not less within such structure. Moreover, monitoring and evaluation cannot be left to the CDA alone as it would require work and skills beyond what is expected in that position. The resources freed by saving costs for employment, training, supervision and support to a large cadre of CRWs can be used instead to establish a *MACOHA resource team* at district or (preferably) zone level. These teams will consist of expertise within a number of disability and other technical areas as well as a M&E officer. The team will be able to supervise CDAs and volunteers based on the PWDs and needs identified in their respective areas; provide some services directly to selected PWDs and their families when not provided by the extension workers or a service provider; support all

relevant stakeholders in districts in mainstreaming. They will also have key roles in monitoring and evaluation, after the initial identification of PWD has been done by CDA.

The future structure for implementation of CBR at district level should be prescribed on national level through a policy. A supplementary national CBR plan (see section 2.5 and 3.3) would prescribe management structures more in detail, designed for harmonised donor support preferably through a basket funding mechanisms and with joint management systems, to which all future donors are expected to adapt.

4. The role of other partners in the programme

The preceding chapters assess the CBR programme in general and as such are relevant to all partners of the programme, in particular the main implementing partner MACOHA. This chapter discusses some issues regarding the particular role of the two other partners of the programme FEDOMA and NAD[10], with the aim of developing recommendations particularly relevant to their role. It should be seen as a supplement and not be read in isolation from the previous chapters.

4.1 The role of FEDOMA

FEDOMA implements the 'empowerment' strand of the CBR programme and its general work outside the programme is also an important factor for CBR as it raises the voices of PWDs and thus promotes their participation, their equal opportunities and their confidence to monitor and evaluate services.

FEDOMA is playing a very important role in national public and towards DPOs, and it is playing that role very well. It has a key role in the current move away from 'charity' to an empowerment and rights based approach to disability in national discourse and among DPOs, important stakeholders and assumedly among many PWDs. The fact that this shift is going slowly and still involves relatively few stakeholders reflect the very difficult, time consuming tasks and processes involved, rather than lack of success.

FEDOMA has established branches in all the CBR districts, and several of its member organisations are there. However, currently it has not a comparatively strong position and influence at district level. The team notes the urgent need to pass on the strengths of the mother organisation of both FEDOMA and members to the district level.

There is also an imbalance in representation of its member organisation in districts. For example, the team found PODCAM and MUB were widespread while MANAD, TAAM and others had a weak presence at district level.

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10 As a donor working through partnership NAD may not always identify itself as an implementing partner; however, for a number of components (like programme management, technical assistance etc) it is a key partner. MPWDE is also regarded a partner in the programme; however, its implementing role in the CBR programme is, according to a sound sharing of responsibility, naturally very limited.

Empowerment of PWDs in CBR districts is carried out through mobilisation of the community including PWDs at area level. Typically, the community is sensitised on disability and PWDs are then separated out and facilitated to form a committee. Representatives of this committee then attended a capacity/advocacy training workshop. This process was found not to build adequate capacity for DPOs to participate effectively in advocacy, lobbying and monitoring of programmes after the process. In fact, the team believes that much of the positive progress in districts made by the CBR programme in attitudes both among PWDs and service providers depend more on the efforts by CROs, CRWs and CRVs than on the voices from FEDOMA. The empowerment activities of FEDOMA did not seem to have changed the orientation even of its leadership in some districts from charity to rights. A consequence of this was a gratitude for handouts from CBR programme rather than an enumeration of joint advances in right of PWDs.

At district level, FEDOMA representatives did not seem to have a good overview of the different needs of the individual disabilities. For example, FEDOMA on national level has been instrumental in establishing this service of sun lotions for people with albinism at health facilities. District representatives did not know about the opportunity. If such information is passed down, it would empower PWDs in districts to also demand this.

FEDOMA has not been visibly proactive in some potential advocacy issues relating to service deliveries. For example, when MAP were in serious financial trouble, civil society engagement might have helped in government or donor willingness to support them. FEDOMA were not visibly engaged.

On national level, opportunities exists for mainstreaming issues of PWDs in development. Despite FEDOMA's role in national media and public discourse, it can not match to the capacity required to engage national level policy makers, programme managers and budget influencers, and thereafter to monitor changes. Advocacy skills and capacity to engage development partners, donors and sectoral technical and political leadership are too low weak. There is the potential that a range of 'mainstream' NGOs with much better capacities may be willing to promote the interests of PWDs in some relevant forums.

In conclusion, FEDOMA is playing it role very well within some areas of public discourse and towards DPOs and PWDs on national level. Its role is much weaker at district level, and it has untapped potentials in collaboration with mainstream civil society organisations nationally. This is an issue both of resource allocation, priorities and organisational capacity, and the team acknowledges the limited organisational capacity of FEDOMA and most DPOs.

The team recommends that the process of organisational and capacity development in FEDOMA continues; as the current organisation is

not capable of meeting expectations. On short term, when capacity is limited, priorities between national and district level engagement, and between working with DPOs or linking better with mainstream CSOs, should be carefully considered.

In districts, depending on capacity FEDOMA could also to a greater extent consider establishment in the district as separate organisation and mobilise membership to FEDOMA as compared to working with the separate branches of member organisations. This will pool existing strengths and increase the volume of one voice rather then several scattered voices. Long-term strategies to strengthen the voice of PWDs at district level should be developed.

On national level, FEDOMA should utilise a broader range of methodologies, moving beyond a traditional short term training in advocacy, to the next level where tools such as researched policy papers and effective pressure towards decision makers, preferably on national level, are used to demand for rights. The disability movement could identify young PWDs with good basic education and train them in preparing advocacy papers, and orient themselves in the functions of government planning cycles and mechanisms such as the sector wide approach, budget monitoring, and various forums where it is possible to influence and where NGOs have access. Attachment to key sectors such as economic development, finance, education and health may help to internalise disability in government processes.

FEDOMA should also expand its networks to 'mainstream' CSOs (non-DPO NGOs) in order to advance advocacy. This is already done to a limited level; amongst others with National Initiative for Civic Education. Further expansion will serve several advantages; FEDOMA will learn new advocacy skills through observing practice of other CSOs; it will widen its level of engagement from a few sectors to wider perspectives where PWDs ought to be included; the voice of FEDOMA will be more respected as it raises issues along with other NGOs; it will enable disability issues to be voiced in the most heavy forums where FEDOMA does not have the capacity to participate; and finally, the other CSOs will take on disability issues for inclusion in their own advocacy initiatives and mainstreaming in their service delivery. Some civil society organisations may be very influential in public certain processes, and may have access to decision making forums and processes in which DPOs are not represented. One example is the Health SWAp, which is dominated by powerful groups (government, donors, large NGOs) and in which smaller NGOs like FEDOMA or DPOs may have little influence.

4.2 The role of NAD

NAD finances the CBR program jointly with Government of Malawi. As the most important donor to FEDOMA and in dialogue with the government on policy issues it is also an important agency within dis-

ability in Malawi in general. According to NAD, the added value in the partnership is the technical advice (and guidance) that NAD provides on CBR, as well as financial support. These roles were confirmed by the evaluation, which also found that NAD has an important role in advocacy, which adds to its partners' advocacy activities.

NAD's role has changed during the course of the programme. During the initial period at which technical assistance through a technical advisor constituted a major component. Now, financial support is the dominant component. Still, NAD has a role in linking the programme to international standards and processes as well as technical expertise from abroad including from head office in Oslo on case to case basis. The evaluation team believes the current composition of different forms of support is well adapted to the current needs.

NAD provides predictable financial support; has a key role in quality assurance; helps in aligning to international standards and linking the programme, directly or indirectly, to expertise at highest international level. Transaction costs in the form of application, reporting and other administrative and managerial requirements are less than with most other international donors. There seem to be generally good and open communication between NAD and partners; confirmed by all key informants among partners. One weakness is the frequent shift in personnel at NAD, leading to additional transaction costs during new contact persons' familiarisation with the programme and the context.

NAD still seems to have a dominant role in selecting and recruitment of resources from abroad, and perhaps also in identification needs at its partners for technical assistance. Decision making regarding external technical assistance to the programme is not very clear. There is a general risk in development cooperation that the donor plays a dominant role in identifying needs and solutions on behalf of the recipient, even more so when costs for technical assistance are financed directly by the donor and hence not reflected in programme budgets of the partner organisation; it may be seen as 'free' technical assistance and subject to less critical consideration by partners than if it had to be prioritised against other needs. While NAD through its expertise and networks is well equipped to identify needs and resources, it knows less than partners of the actual programme and context, which involves the risk of misinterpreting needs and recruiting resources persons that might not be the optimal choice for the Malawi CBR context.

NAD has an ambivalent role with regard to the government and non-governmental domain. It is a civil society organisation mainly channelling earmarked funding from Government of Norway to Government of Malawi. This ambivalence has some advantages, including flexibility, different opportunities of developing long-term working relations, easier involvement in advocacy issues to mention a few. On the other hand, the role can be confusing. It may be difficult to justify that Ministry of Finance, already burdened by a large number of donor rela-

tions, needs a contractual partnership with a Norwegian NGO to receive funding from Government of Norway, which is already represented in the country through its Embassy with which Ministry of Finance is already collaborating.

NAD has, however, utilised its ambivalent position in taking a role in advocacy vis-à-vis the Government of Malawi, a role normally expected from NGOs, but partly justified by its role as a contractual partner of Ministry of Finance. Stakeholders, also within the government, seem to appreciate this role and no negative responses were heard.

Policies of the Atlas Alliance (drawn from Norwegian government's regulations) regarding which costs to finance lead to distinctions between salaries and benefits, transport costs and other costs that are difficult to justify and reduce flexibility to utilise resources optimally. A recent case of clarification regarding vehicle maintenance was also handled in a way that caused extra confusion and threatened programme implementation.

One area where the team sees potential for a more active role of NAD, is in influencing the interest of the Royal Norwegian Embassy in disability. As one of the most important development partners of Malawi, also heavily involved in the health sector, Norway can potentially be a lead advocate and sponsor on disability issues in Malawi, in particular in the health sector. However, the communication between NAD and the Embassy is limited and the team has not found evidence that NAD has succeeded in influencing the priorities of the Embassy.

5. Conclusions and recommendations

This chapter extracts those recommendations of the report that the evaluation team finds most important to consider when planning next phase of the programme. It is not a complete summary of all recommendations implicitly or explicitly reflected in the preceding chapters. Some of the findings presented here are selectively chosen because they serve to justify the recommendations; these are often related to weaknesses in the programme and as a result this chapter may have a bias towards the weak aspects of the programme. For a broader presentation of findings, see Executive Summary.

The team confidently concludes that the CBR programme under evaluation is a relevant, robust, effective, and well functioning program that delivers well within its own areas of control. It aligns well with international conventions and norms and to national policies. The quality of services provided by staff and volunteers is commendable.

The weakest links in the programme lie outside its institutional control. The success of any CBR programme heavily depends on specialist and mainstreamed service provision in other sectors and institutions. In Malawi, referral services required by the CBR programme are very weak due to lack of financial and organisational capacity. In addition, there is a general lack of awareness, resources and technical knowledge in institutions expected to mainstream, as well as financial and managerial mechanisms to support mainstreaming.

Recommendations:

1. Weaknesses in referral services should be addressed, in particular towards national decision makers as well as towards donors to sectors of relevance. Parallel investments in referral services could also be considered.
2. To enable better mainstreaming, a wide range of measures is needed. Awareness raising should be continued, and supported by measures like financial mechanisms, inclusion of disability in planning, monitoring and evaluation, and technical know-how.
3. Implementation of the National Policy on Equalisation of Opportunities for Persons with Disabilities and passing of the Equalisation Bill will be important steps towards better national coordination and mainstreaming. The seemingly stalled process should be reactivated.

The programme is very well coordinated with relevant stakeholders and service providers on community, area and district level, enabling almost optimal use of available resources. On national level, however, lack of coordination mechanisms for disability in general as well

as for CBR, hinders mainstreaming and the optimal use of available resources in CBR. National bodies set up for coordination do not function as expected. This also affects success of the programme at district level due to little attention and guidance from line ministries.

Recommendations

4. NACCODI must be activated as the main coordinating body for disability in general. The mandate and composition of national bodies for CBR in particular should be re-considered. Rather than revitalising the National Resource Team and National Steering Committee, this evaluation recommends that the mandate and composition of a national CBR coordination body is reconsidered as outlined in section 3.3.

The CBR programme is designed for optimal utilisation of decentralised service delivery in Malawi and in general it works very well with the relevant decentralised structures for mutual benefit. It is not itself a decentralised programme, but rather a parallel, vertical structure. This may reduce the status of the programme vis-à-vis District Assembly and perhaps limit the potentials for funding from other donors.

Recommendations:

5. While already planning for a scenario in which disability affairs are devolved to district, which necessarily will involve changes in the implementation structure, the program should strive towards better integration with District Assembly including its planning, reporting, monitoring and evaluation systems.

The programme organisation and implementation structure enables effective use of resources made available by the government and NAD for this particular programme. However, there is lack of coordination between development partners. This is not in line with donor commitments to harmonisation and may hinder optimal utilisation of all government and donor resources.

Recommendations:

6. The programme should take initiatives towards better harmonisation between development partners. Geographic sharing of responsibilities should be replaced with joint structures in which each donor's contributions are utilised in ways that enable the most optimal utilisation of all resources. A first step is to plan the next programme period with the participation of other development partners aiming at a programme design that enables joint management and implementation structures.
7. A national CBR plan should be developed that clearly states Government of Malawi's geographical, technical and thematic priorities as well as the preferred implementation structure. Current and future donors should adapt to that plan.

The ability of service delivery and hence the ability of the CBR programme to respond to different types of disability varies significantly.

Recommendations:

8. Efforts should be given to improve the ability to respond to common types of disability that are least responded to today, including deafness, learning disabilities and cerebral palsy.

Programme management is generally sound to a degree sufficient to assure the government and donors that the programme is implemented effectively and funds are utilised efficiently and at low risk. There is no decision making body for overall programme management, which hence depends upon good semi-formal relations and communication between all partners. The Disability Management Information System (DMIS) under implementation may be too complicated for the users and seems not designed towards integration with District Assembly monitoring and evaluation.

Recommendations:

9. A decision making body for the overall programme should be established, for example in the form of an Annual Meeting for all partners.
10. The Disability Management Information System should be revisited and challenges addressed urgently to enable changes in design, if found necessary, before full implementation. Exposure to comparable systems in other countries should be considered.

The implementation structure for CBR at district level is not subject to guidance from policies or legislation, hence the different CBR programs have different structures adapted to donors. The structure of the NAD supported programme reflects commitment to invest in human resources at all levels, enabling effective service delivery of high quality. However, the relatively high costs may reduce the potentials for expansion to other districts and sustainability beyond NAD funding.

Recommendations:

11. The programme should explore less costly implementation structures. Those structures should be designed towards better integration with extension workers, in particular Community Development Assistants at T/A level. This will in turn lead to the need for, and resources made available for, a MACOHA team of resource persons at district or zone level as elaborated in section 3.7.
12. National guidelines for the organisational structure of CBR on district level should be developed, to which future CBR programmes should adapt. This could be part of a national CBR plan proposed above.

FEDOMA is effectively supporting the ‘empowerment’ components of the programme on national level, leading to a strong move away from charity in some segments of PWDs. FEDOMA is, however, far too weak in capacity to be able to carry out all activities needed and expected at national, district and local level. At district even FEDOMA

representatives seem not to have internalised a rights approach. On national level, some advocacy activities are very demanding and beyond the capacity of FEDOMA in near future.

Recommendations:

13. FEDOMA should be provided resources and develop capacity to invest more at district level to accelerate the move away from charity, and methodologies expanded to more long-term engagement rather than short term events and training workshops.
14. FEDOMA should establish better collaboration with 'mainstream' civil society organisations rather than carrying out most advocacy on its own. This is in particular necessary in advocacy towards national decision making forums where engagement demands much resources and capacity. This should be done in parallel with long-term investments in improved advocacy capacities, exploring a wider range of methodologies than currently, including researched advocacy documents.

Most recommendations above do not specify which partners that are expected to follow up. Many of them call for actions within the mandate and responsibility of other institutions than the programme management and implementing partners. Indeed, the evaluation finds that many of the programme's weakest links are outside the mandate and control of the implementing partners. Due to the nature of CBR these are nevertheless a concern for the programme. For most of the recommendations several institutions within and outside the programme may have a natural role in follow-up.

Hence, close dialogue with all relevant stakeholders is necessary. In the process, the partners may widen their network to increase attention to disability in more sectors and among more partners in future. Responsibility for initiating dialogue with other partners could be shared according to mandate between programme partners, for example FEDOMA in civil society mobilisation and advocacy; MACOHA in issues of implementation and technical knowledge); NAD in donor coordination and international networks; MPWDE in policy development and implementation, and dialogue with decision makers on national level; and Ministry of Finance in resource mobilisation.

Recommendations:

A follow-up plan should be developed following a dialogue between all partners on the recommendations above. The plan should clearly specify the responsibilities of each partner in follow-up.

Annex I: Terms of Reference (ToR)

Evaluation of support to CBR programme in Malawi

Background information

Government of Malawi (GoM) and NAD signed the first agreement of cooperation in 2002.

This initial NAD-GoM agreement has since then been reconfirmed through a series[11] of agreements, under which NAD has provided technical and financial support to Malawi's CBR programme with funds from Norad and the Atlas Alliance. The NAD supported CBR programme includes in total four districts, the three districts of Machinga, Blantyre and Balaka , and Mzimba (Northern Malawi) which was included as recent as in 2007.

Malawi Council of the Handicapped (MACOHA) is the main implementing agency of the programme.

NAD has an additional agreement on organisational development with the umbrella organisation of DPOs in Malawi - FEDOMA.

These current 3-year agreements with both GoM and FEDOMA are due to expire by the end of 2009, and this, as well as the up-coming long-term planning for the period 2010-2014[12], forms the background of this evaluation.

Main partners in Malawi

Ministry of Persons with Disabilities and Elderly (PWDE)

The Office of Minister of State Responsible for Persons of disabilities was established in 1998 through a presidential directive. The office, which was under the President and the Cabinet (OPC), was established to take care of all issues pertaining to persons with disabilities that were previously the responsibilities of Ministry of Gender, Youth and Community Services. The move was meant to promote effective measures for the prevention of disabilities, rehabilitation and realisation of the goal of full participation and inclusion of persons with disabilities in social life, development as well as their equality. The mission of the Ministry is 'to foster, develop and sustain an inclusive society through clear policies, programmes, legislation and mainstreaming of disability in all sectors of development'.

http://www.malawi.gov.mw

11 Agreements were reconfirmed in agreements in 2005, 2006, and 2007 (current agreement).

12 The Atlas Alliance's next framework agreement with Norad.

MACOHA
The Malawi Council for the Handicapped (MACOHA) is the implementing agency of the CBR programme[13] in Malawi. MACOHA is a Statutory Corporation established through the Disability Act (1971). Technically MACOHA reports to the Ministry for People with Disabilities and Elderly (MPWDE), while its funding is received directly from Ministry of Finance, and accounted for to Ministry of Statutory Corporations and to Ministry of Finance. MACOHA's vision is to empower all people with disabilities towards self-reliance, and its roles are described in the Handicapped Persons Act, which is undergoing revision to become part of the Bill (Equalisation of Opportunities for Persons with Disabilities Bill). The implementation is guided by the national policy of Equalisation of Opportunities for Persons with Disabilities. In terms of policy guidance and directions, MACOHA is governed by the government-appointed Board of Directors.

FEDOMA
Federation of Disability Organisations of Malawi (FEDOMA) was established in 1998 (registered in 1999) as an advocacy organisation of disabled. FEDOMA is an umbrella DPO, consisting of 8 member organisations[14]. The secretariat of FEDOMA is the coordinating body of the umbrella organisation.

Being a national advocacy organisation in Malawi, FEDOMA is becoming increasingly involved in implementing the empowerment component of the CBR programme, aiming at strengthening the rights of disabled people through social mobilisation and political participation and organisational development.
https://www.fedoma.net / https://www.fedoma.org

The Malawi Programme
NAD's follows a twin-track programme approach, *support to the government* for strengthening specific as well as main stream services so that these can accommodate the needs of people with disabilities on the one hand; and *support to Disabled People's Organisations (DPOs)* to strengthen disabled people's rights through self-organisation and advocacy on the other.

The twin track approach mentioned above can broken into 5 intertwined areas of intervention:
1. Community Based Rehabilitation Program (CBRP)
1. Policy development (with a focus on inclusive education)
2. Development of the rehabilitation referral system
3. Capacity building, research, documentation and development
4. Organisational development : Lobbying, advocacy and networking

13 Health, Education, Livelihood and Social inclusion.
14 Disabled Women in Development (DIWODE), Malawi Union of the Blind (MUB), Parents of Children with Disabilities of Malawi (PODCAM), The Albino Association of Malawi (TAAM), Association of Physically Disabled Malawi, (APDM), MANAD (Malawi National Association of Deaf), and

Community Based Rehabilitation Program (CBRP)

Community Based Rehabilitation (CBR) was first introduced in Malawi in 1988, and the Government of Malawi (GoM) has since then had support from several international stakeholders in this field. Currently Christoffel - Blindenmission (CBM), Sight Savers International (SSI) and Norwegian Association of Disabled (NAD) provide technical and financial support to CBR in Malawi. So far, the CBR Programmes in the districts have been divided between CBM and NAD to avoid duplication. SSI works through the district assemblies, while CBM and NAD cooperate via MACOHA's head quarters, which further delegates the responsibility to the district level. CBM and SSI have provided expertise within eye health, eye rehabilitation and orthopaedic rehabilitation (CBM), while NAD has had a wider approach, targeting all types of disabilities within education, health, livelihood, the social component, and empowerment.

The lead agency MACOHA wish to develop one overall CBR programme for the entire country; and the new WHO guidelines on CBR will be guiding MACOHA in aligning the various CBR initiatives into one comprehensive national programme. Thus, an important element of this evaluation is to look into how the current partners of MACOHA and GoM can promote national coordination and mutual learning from each others' expertise.

The CBR program is implemented by MACOHA through a *structure* from HQ level to the grass roots level; consisting of a network of community rehabilitation workers and volunteers at community level who reports to MACOHAs district rehabilitation officers at district levels. CBR committees are established with representation from the District Executive Committees to ensure all sectors are involved in the implementation of the CBR programme.

The CBRP implements a broad spectrum of activities targeted to individuals, families and the community. In addition to providing primary rehabilitation services, it also targets family and the community with advocacy and awareness raising interventions on the rights of their disabled members, for example to *health, education, livelihood, and accessibility to public places.*

A *Management Information System* (MIS) has been developed in the CBR programme, aggregating information from individual level to MACOHA at central level (i.e. starting with identification of individual disabled persons and registration, carrying out assessment, developing individual plans, follow up and reporting to district level who enter the information into a database and send aggregated information to MACOHA).

The CBR program also links individuals requiring specialised rehabilitation services with tertiary institutions at the regional and national levels.

Development of the rehabilitation referral system
While the Royal Norwegian Embassy in Malawi provided funds for the renovation and re-equipping of the orthopaedic workshop at Queen Elisabeth Hospital (2001-) NAD has supported the revitalisation of the human resources at Orthopaedic Workshop Queen Elisabeth Hospital in Blantyre mainly through providing scholarships for health personnel to undergo training at TATCOT in Tanzania.

In addition NAD supports the establishment of a domestic wheel chair supply, through partnership with an UK based organisation, Motivation. The aim is to improve the quality of the wheelchairs available at the market. These wheelchairs are based on bicyle technology, so that they can easily be maintained in the community. Supporting a domestic production and supply will also stimulate the domestic job market.

Policy development (disability)
Working with major public stakeholders as well as with advocacy organisations in Malawi, gives NAD a good position in promoting policy developments.

The development of the National Policy on Equal Rights and opportunities started as early as 2003, and was finalised in 2007. The Policy is well aligned with the UN Convention on the Rights of Persons with Disabilities and represents a domestic framework for implementing an inclusive society in Malawi.

Though an active lobbying within Malawi, the GoM signed the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007.

Capacity building
NADs support to all our partners in Malawi aims at developing the capacity in terms of competence and skills; and there is an ongoing and comprehensive training of both volunteers and public staff in the CBR programme, as well as within the DPOs. The capacity building is built on both domestic and international resource persons.

Organisational development: Lobbying, advocacy and networking
Our main aim of supporting FEDOMA is to give disabled persons a strong voice in the Malawian society; and most our technical and financial support goes to strengthen FEDOMAs ability and capacity in the field of lobbying and advocacy.

Documentation and reviews
- Feasibility study (2002/2003)
- Midterm review 2006 (NCG)
- Strategic plan (draft, MACOHA)
- Annual plans and reports since 2002. Current long-term plan 2007-2009 was revised mid 2008. The team will be provided two sets: the

local plans/reports prepared by MACOHA and the aggregated plans/reports sent from NAD to Norad.

Purpose and objectives of the evaluation
The overall purpose of this evaluation is to provide recommendations for strengthening the CBR programme's response to persons with disabilities' needs.

With an eye to the up-coming long-term planning and the subsequent renewal of the NAD-GoM agreement, this evaluation is a review of the programme and will provide guidance towards the next long-term period. More than focusing on impact assessments, this evaluation will focus on relevance, efficiency, and coherence, since the evaluation will be used as a tool in providing recommendations for improved approaches in the next long-term period (2010-2014).

The findings of the evaluation will provide the basis for both the renewal of the cooperation agreement and give guidance on NAD's role in relation to the wider co-ordination with the other stakeholders.

The main objectives of the evaluation are to:

1. **Assess the relevance of the CBR programme (CBRP) regarding international and national legislations and policies, institutions, and centralised/decentralised levels.**

1.1 Assess the awareness of CBR among key stakeholders (government and non government) and provide recommendations for mainstreaming disability in government in sector programmes and policy.
1.2 Assess the financial, administrative and political decentralisation in Malawi and how it will affect the CBRP in the next five years.
1.3 Consider the adequacy and relevance of financial and human resources allocated to disability in Malawi between the MPWDE and the implementing agencies (MACOHA, the Vocational Training Centres, and Bangwe Factory).
1.4 Assess the CBR programme's strengths and weaknesses with particular emphasis at the structural aspects as designed in the National Policy on Equalisation of Rights and Opportunities for Persons with Disabilities, where the roles and responsibilities of the various institutions and bodies in Malawi are suggested.
1.5 Assess programme's management. Based on this assessment, the evaluation will provide recommendations considering the technical, administrative and financial sustainability of the programme.
1.6 What human resources and capacity can the CBRP draw on (public and civil staff – CBR workers and volunteers) and what are their roles and responsibilities?
1.7 Provide recommendations on the ability to respond to the specific needs of woman and men among the target group. Addi-

tionally a gender assessment can be done concerning composition of programme staff/volunteers, and finally within the steering documents for the programme.

1.8 Assess coherence / connectedness between the programme and other interventions, including the different CBR approaches being implemented in same or neighbouring areas. Assess the relevance and provide recommendations of wider harmonisation of all stakeholders involved in CBR in Malawi.

2. FEDOMA's role in CBR:
An assessment of FEDOMA in the context of the CBR Programme; on what role it plays and what role it should play pertaining to ensuring sufficient and adequate services and initiatives for and of disabled; through lobbying and advocacy as well as community mobilisation.

3. NAD's added value:
Assess NAD's role in the CBR programme – the team is to consider strengths and weaknesses and provide recommendations for improvements.

Methodology
The Terms of reference (ToR) for the evaluation have been prepared by NAD, in collaboration with MACOHA and FEDOMA.

The evaluation team will consist of 2-3 persons with at least one consultant each from Norway and Malawi/Africa. Collectively, the team should provide experience on the following elements for the evaluation: Familiarity with Africa (preferably Malawi) and local cultures, CBR, organisational management, community development, public service structures, disability issues, gender issues and Norwegian development aid policy.

The team will largely base its study on existing information, including the recently developed strategic plan of FEDOMA and MACOHA's revised plan for the current three year period (2007-2009). It is expected that the evaluation will obtain information from key stakeholders involved in the CBR programme at all levels within the Ministries, and from CBM and SSI as complimenting supporters of CBR.

The evaluation team will identify the approach(es) and specific data collection methods which they believe will best achieve the stated objectives of the evaluation. It is anticipated that this will include a mix of quantitative and qualitative methods, such as document review, review of existing data from previously conducted surveys, and key informant interviews.

Time frame and presentation of findings
The final report shall not exceed 20 pages, excluding annexes. Additionally, a short executive summary of 1-2 pages shall be provided.

Considering the nature of this evaluation, the report shall provide recommendations for the development of the period 2010-2014.

The final evaluation report is to be delivered to NAD as soon as the comments and suggestions from the stakeholders during the dissemination workshop in Malawi in June 2009 (date to be set – tentatively 10th June) have been integrated.

The team will go through documentation by the end of March, while the field visits will be conducted in two sections: 30th March-3rd April and 14-21st April. The first draft will be presented to MACOHA, FEDOMA and NAD by 8th May, who in turn will provide feedback to the consultant by 13th May. A comprehensive draft report will be ready by 20th May and the findings and recommendations will be discussed during a dissemination workshop in Malawi in (tentatively) 10th of June; and subsequently fed into the long term planning session.

NAD and partner's roles and responsibilities towards the evaluation team

NAD is the contracting organisation of the evaluation. MACOHA and FEDOMA are implementing actors and as such main stakeholders in the programme. MoPWDE is a partner of NAD through the agreement signed by Government of Malawi. All three are as such partners of NAD and will assist with and take part in the evaluation. In particular:

- NAD and partners will provide the team with all relevant information and documentation.
- NAD and partners will be available for interviews, and will ensure that staff is available for interviews and meetings for the scheduled meetings.
- NAD and partners will assist the team in scheduling meetings and contact details for other relevant stakeholders.

Annex II: Programme for the evaluation

DAY	ACTIVITY
7-04-09	Preliminary 'pilot' interviews, CRO and 2 CRWs in Blantyre
14-04-09	Interviews, staff at MACOHA head office
15-04-09	Interviews, FEDOMA staff Focus group discussion, representatives of DPOs Interviews, resource persons at Montfort
16-04-09	Interviews, MAP representantives Interview, member of National Resource Team, Joyce Kasamba Interview, representatives of CISP Interview at Namisu orphan village
17-04-09	Interview, James Mchuchu. Focus group discussion, CBR committee at Kuntaja (Blantyre District). Focus group discussion, CRWs and extension workers from five T/As. Interviews (individual), two FEDOMA representatives and beneficiaries.
18-04-09	Focus group discussion, 5 volunteers in T/A Kapeni. Meeting, Tilimbe disability group Interview, beneficiary
21-04-09	Interview, senior rehabilitation worker (deputy CRO), Machinga Interview, MAP officer, Machinga district Interviews, DEHO and DHO, Machinga district hospital Interview, district social welfare officer and district education officer, Machinga district Focus group discussion, CRWs, extension worker, FEDOMA representatives and volunteers, Ntaja.
22-4-09	Interview and demonstration of management and M&E system, CRO, Balaka Interview, MAP officer, Balaka Interview, District Education Manager (DEM) and desk officer for education, Balaka Interview, M&E officer, Balaka District Assembly Interview CRW at T/A Ulongwe Focus group discussion, CRW, extension workers, volunteers and beneficiaries, Ulongwe. Interview, Johan Phiri, FEDOMA/MUB
23-4-09	Interview, deputy director of rehabilitation services, Ministry of Health Interview, director for special needs education, Ministry of Education Focus group discussion: Principal secretary (PS), director of rehabilitation programs, and chief disability prevention and awareness officer at Ministry of Persons, Disabilities and the Elderly. Interview, Assistant director of child development, Ministry of Women and Child Development
24-4-09	Meeting, deputy head of dept, Ministry of Finance Interview, representative of Sightsavers International Interview, representative of Royal Norwegian Embassy Interview, CBM/MACOHA CBM CBR Programme
25-4-09	Interview, CRO and project coordinator, Mzimba Interview, chair of FEDOMA, Mzimba. Focus group discussion, Titemwanenge and Chamgonda clubs, volunteer & extension worker. Focus group discussion, Malangalanga women's group.

27-4-09	Interviews, staff at MACOHA head office
28-4-09 29-4-09	Analysis, document review, report writing.
30-4-09	Debriefing/discussion, MACOHA and FEDOMA

Annex III: People consulted

National resource persons and institutions

Ministry officials
- Elias Ngongondo, Principal Secretary, Ministry of persons with disabilities and the elderly (MPWDE)
- Mr Felix Sapala, Director of rehabilitation programs, MPWDE
- Mr Max Nyirenda, chief disability prevention and awareness officer, MPWDE
- Rex Chaonga, deputy director of rehabilitation services, Ministry of Health
- David Njaidi, director for special needs education, Ministry of Education
- Mr Chisale, Assistant director of child development, Ministry of women and child development
- Stan Nkhata, deputy director, Debt & Aid Division, Ministry of Finance

Macoha head office
- Montfort Mwalija, rehabilitation manager, Macoha
- Steven Msowoya, Executive Director, Macoha
- Dyford Mpunga, placement officer, Macoha
- Mr Chipeta, Financial manager
- MIS officer

National DPOs
- Mussa Chiwaula, Executive Director, Fedoma
- Tione Mzila, personal assistant to ED, Fedoma
- Pamela Juma, PRO, Madisa
- Hanneck Mdolca, PRO PODCAM,
- Timothy Somante, TAAM
- Stuart Chauluka, Assistant Project officer, MUB
- Moureen Tembo, secretary, MUB
- Sigere Kasasi, executive director, Diwode
- Charles Khaula, executive director, APDM

Other national institutions and resources
- Ragnhild Seip, Royal Norwegian Embassy
- Stefan Dofel, CBR Programme Coordinator, CBM/Macoha CBM CBR Programme
- Vincent Kaunda, programme officer, Sightsavers International
- Alick Chavuta - Deputy Principal, Montfort College
- Hastings Magombo - Head of Department for Visual Impairment, Montfort College
- Mr Hasten Zakeyu –lecturer, Hearing Impairment, and national trainer in CBR, Montfort College

- Alex Dzimkambani, Outreach Services Manager, Malawi Against Physical Disabilities (MAP)
- Christopherffer Kachale, Finance Manager, Malawi Against Physical Disabilities (MAP).
- Cedric Pahuwa, principal for Rehabilitation Technician School, Malawi Against Physical Disabilities (MAP).
- Gloria Madanitsa, administrative Officer, Malawi Against Physical Disabilities (MAP)
- Joyce Kasamba, Feed the Children Malawi, member of National Resource Team and National Training Team

Blantyre District

CBR personnel
- James Mchuchu, CRO Blantyre
- Andrew Katemba, CRW
- S. Namsala, CRW
- Zione Bemah, CRW
- Thomas Chipwaila, CRW
- Austin Njalammano, CRW

DPO representatives
- Joblex Banda, beneficiary and Fedoma representative (Kammata village, T/A Kuntaja)
- Happiness Kanyemba, beneficiary and secretary of APDM (Chijoja village, T/A Kuntaja)
- Fredrik Mbaluka, beneficiary, Lunzu town
- Millium Pharaoh, Tilimbe disability group (parent support group), T/A Kapeni
- Fanny Chinkango, Tilimbe disability group (parent support group), T/A Kapeni
- Rita Mtuwa, Tilimbe disability group (parent support group), T/A Kapeni
- Naless Chafulumira, Tilimbe disability group (parent support group), T/A Kapeni

District stakeholders (and members of CBR Committee of Blantyre District)
- Tambala Sembeni (water, Blantyre District Assembly)
- Frank Adini, (labour, Blantyre District Assembly)
- Josephine Chinele, Blantyre District Assembly
- Ellen Simango, DEM – BT Rural
- Henderson Kaumi, Blantyre District Assembly
- Lyness Manduwa, Fedoma
- Getrude Kumwenda, agriculture

Community stakeholders
- Charles Watson Nkhomah, volunteer, Manesi GVH (T/A Kapeni)
- Mushi Mustafa, volunteer, Kumponda GVH (T/A Kapeni)

– Luka Ajasi, volunteer, Undani GVH (T/A Kapeni)
– Kachenga Misenje, volunteer, Kumponda GVH (T/A Kapeni)
– Wellos Chikalusa, volunteer, Manjombe GVH (T/A Kapeni)
– Gloria. Kalagho, Forestry assistant
– Jeffrey Kumotso, AEBO/agriculture
– James Andiwochi, forestry assistant
– Joseph F Daliko, HSA
– Allan Chakholoma, Stephanos foundation.

NGOs
– Agnes Nkwanda, IGA coordinator, the International Committee for the Development of People (CISP)
– Maclean Mfokota, IGA expert, CISP
– John Kang'ombe, manager at Namisu Orphan Village (Aquaid Lifeline Malawi).

Machinga District

CBR personnel
– Wisdom Mseteka, senior rehabilitation worker
– David Milanzi, community rehabilitation worker, T/A Liwonde

DPO representatives
– White Mhumbira, Fedoma/Madisa representative
– William Sawani, Fedoma representative

District resource persons and stakeholders
– Henry Mukhuna, rehabilitation technician and MAP officer, Machinga district
– Dr B.H. Jereni, DHO, and member of CBR coordination committee
– Mr. Dembo, DEHO and member of CBR coordination committee
– Bertha Lilian Mwapeya, district social welfare officer
– Duncan R. Mambala, District education officer

Community stakeholders
– Linnies Singano, volunteer in T/A Liwonde
– Joseph Kamnene, volunteer in T/A Kawinga
– Gilbert Kachinjika, community development assistant (CDA), T/A Kawinga

Balaka District

CBR Personnell
– Smith Kanjaza, CRO
– Raphael Mfuwati, CRW Ulongwe T/A

DPOs
– Yohane Phiri, Fedoma/MUB representative

District stakeholders and resources persons
– Tommy J.D. Namangale, District Education Manager
– Felix Masamba, desk officer for special needs education
– Mr Clifton Thyanga, Director of Planning and development
– Chimwemwe Chipoka, MAP officer
– Monitoring and Evaluation Officer, Balaka District Assembly

Community stakeholders, Ulongwe T/A
– Christina Chiputula, Health Surveillance Assistant
– Vitoria Chipiri, community rehabilitation volunteer.
– Esnart John, PWD
– Martha Hiwa, PWD

Mzimba district

CBR personnel
– Jackson Chimowa, CBR project coordinator
– Mary Stella Zefaniya, CRO

DPOs
– Francis Jere, chair, Fedoma, Mzimba district

Community stakeholders
– Yohane Chirwa, volunteer
– 20 members of Titemwanenge and Chamgonda clubs (all names available from the evaluation team)
– Mleza Luhanga, agricultural extension worker, Mzuzu ADD
– Mary Jere, chairlady, Malangalanga women's group
– Gertrude Jere, member, Malangalanga women's group
– Linily Kaunda, treasurer, Malangalanga women's group
– Lina Mdhluli, member, Malangalanga women's group
– Isabel Mdhluli, vice chairlady, Malangalanga women's group
– Sophie Chawinga, CBR volunteer, Malangalanga women's group
– Tsala Saka, member, Malangalanga women's group
– Felesta Jere, secretary, Malangalanga women's group
– Matilida Jere, member, Malangalanga women's group

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