

**CHISOMBEZI DEAFBLIND
CENTRE
(CDBC)**

MID-TERM PROJECT EVALUATION REPORT

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ACRONYMNS

AIDS	Acquired Immune Deficiency Syndrome
ADL	Activities of Daily Living
CDBC	Chisombezi Deafblind Centre
DB	Deafblind
DBC	Deafblind children
DPTAM	Deafblind Parents Teachers Association in Malawi
DEM	District Education Manager
EDM	Education Division Manager
FEDOMA	Federation of Disability Organizations in Malawi
FGD	Focus Group Discussion
HBE	Home Based Education
HI	Hearing Impairment
HIV	Human Immune Virus
MACOHA	Malawi Council for the Handicapped
MANAD	Malawi National Association of the Deaf
MOEST	Ministry of Education, Science and Technology
MTR	Mid-term review
MUB	Malawi Union of the Blind
NCA	Norwegian Church Aid
NGO	Non-governmental organization
PDC	Parents of deafblind children
PODCAM	Parents of Disabled Children Association in Malawi
SBVM	Sisters of Blessed Virgin Mary
SFNO	Signo Foundation a Norwegian Organization
SHED	Shire Highlands Education Division
SNE	Special Needs Education
VIHEMA	Visual Hearing Membership Association

EXECUTIVE SUMMARY

This report presents findings of a midterm review of the CDBC project in relation to its Project long-term plan (2010-2014). The CDBC is implementing a five year project in partnership with the Signo Foundation focusing on three groups namely; deafblind children, deafblind adults and families of deafblind individuals. The project aims at *providing programmes and services to persons with deafblindness in order to increase their access to education and strengthen their communication skills required in daily life.*

The purpose of the Mid-term evaluation was to establish progress and relevance of the CDBC project to date and also to give recommendations for the remaining period in order to achieve the expected results as set out in the long term plan. Data collection process included meeting project officers as well as field interviews with selected partners and beneficiaries by thematic areas in the targeted districts. It also included review of relevant documents like the project's long term plan, annual plans and periodic reports.

From overall assessment, the project has contributed towards enhancing lives of children with deafblindness and their families by imparting knowledge and skills. Among the areas where the Project is particularly making good progress are: awareness raising on the existence of deafblindness, identification and assessment of children with deafblindness and adults, Capacity building through training of CDBC teachers at CUNIMA and KISE, Home based education to children with deafblindness and their parents and training and formal education to children with deafblindness admitted at the Centre. Although CDBC project plans to handover the responsibility of running the Centre to government when the project phases out, half-way through its implementation period there is little progress in getting government to take responsibility of the centre.

The following are the key recommendations;

- There is need to increase the duration and frequency of trainings and home based education given to parents, Mulanje Vocational Training School for the Blind, CBR workers and other stakeholders.
- There is need for a comprehensive and holistic system of project management and monitoring.
- CDBC should strengthen its relationship with Ministry of Education so that the centre should be recognized as a grant aided institution and that issues pertaining to deafblindness are included in Disability Policy, Special Needs Education Policy, and National Education Sector Plan
- Lobby Special Needs Department to introduce deafblind curriculum in teacher training.

Some of the strengths revealed by the MTR include the following;

- CDBC has well qualified staffs in SNE who are knowledgeable and skilled in deafblindness.
- CDBC has very good structures e.g. a conference Centre and other facilities
- CDBC has dedicated and passionate staff.
- Provision of home based education to parents with deafblind children which has helped the parents to acquire knowledge and skills on how to communicate with and care for deafblind children
- Capacity to provide further training to its staff

CHAPTER 1: INTRODUCTION

1.1 Disability Status in Malawi

Malawi lacks reliable statistics on disability. Very few studies have been done on disabilities. Four surveys have been conducted in the years 1983, 1993, 2003 and 2008. The 1983, 1993 and 2008 surveys were on Malawi Population and Housing Censuses conducted by the National Statistics Office (NSO) while the 2003 survey on Living Conditions among Persons with Disabilities was conducted by SINTEF, a Norwegian Research Institute in collaboration with the Federation of Disability Organisations in Malawi (FEDOMA). These surveys do not provide adequate information on types of disabilities which makes it difficult to plan interventions and services that are disability inclusive.

In 1983 it was estimated that 2.9% of Malawi's population comprised persons with disabilities (PWDs) of whom 93% lived in rural areas. Numerically the study estimated that 190,000 were PWDs of whom 53.7% represented men with disabilities. The study further showed that at that time the major types of disabilities were total loss or partial loss of sight in or both eyes (20.5%), (18.8%), physically challenged (18.2%) and deafness (13.3%). 1993 survey on the prevalence of disability revealed the same details as that found in 1983.

The 2003 survey on Living Conditions among Persons with Disabilities found out that the prevalence of disability in Malawi was 4.18%. Taking into consideration the population size at the time, this implied that there are nearly half a million PWDs in Malawi. This was higher than the two earlier national surveys conducted in 1983 and 1993. In the 2003 survey 50.7% of the PWDs were females while 49% were males. The major forms of disabilities were physical disabilities (43%), vision (23%), hearing (15.7%) and 11.5% had intellectual disabilities (Loeb and Eide, 2004). The *Living conditions among Persons with Disabilities* survey was different from earlier studies because it used the International Classification of Functioning Disability and Health (ICF) model which defines disability in terms of activity limitations and participation restrictions.

More recent 2008, Malawi Population and Housing Census showed that there are 498,122 PWDs in Malawi. This translates into a national prevalence of 4.0% of the population which is similar to the results from the Living Conditions among Persons with Disabilities Survey. 2003 *Living conditions survey* and the 2008 Population and Housing Census have helped Malawi to determine the prevalence of disability for purposes of informing policy and programming (Munthali, 2011).

Legal and Policy framework

Malawi has ratified very important international treaties, which have a significant bearing upon the upholding of disability rights. Significant among these, relevant and specific to rights of persons with disabilities is the 1982 World Programme of Action concerning Disabled Persons; and the 1993 UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. Malawi has also signed UN Convention of the Rights of People with Disabilities,

although it has not yet ratified it. Malawi is also a signatory to VISION 2020 which was launched in 2003 by the Minister of Health.

Within the boundaries of domestic legislative framework, the 1994 Constitution prohibits any discrimination on account of disability. A disability law was enacted in 2012 which focuses on combating discrimination based on disability. Furthermore, the **Employment Act of 2000** provides for access to continuing training for persons with disabilities once they are in employment, and makes it illegal to discriminate against any employee or prospective employee on the grounds of disability.

At policy level, the national **Vision 2020** places an emphasis on reducing disparities in access to education and employment and business opportunities between people with disabilities and non-disabled people, among other targets set. The **Malawi Growth and Development Strategy (MGDS) 2006-2011**, commits the state to measures to protect the most vulnerable groups among whom are persons with disabilities. In addition, **the National Policy on the Equalization of Opportunities for Persons with Disabilities (2004)** aims to integrate them (people with disabilities) fully in all aspects of life and at providing for equal opportunities, particularly in education and employment

1.2. Situation of Deafblind Persons in Malawi

Malawi has general policies on disability but not specifically for deafblind persons. Most of these policies are on interventions in the specific field of disability, like physical disability, hearing and visual impairment, of late learning difficulties is featured highly as a disability. Many people are not aware of the existence of people with Deafblindness, as a result they are categorised as either deaf or blind and are left out in most of the developing programmes.

Due to lack of policies and programmes targeting the deafblind, interventions on deafblindness are challenging to design and effectively implement. Statistics on deafblindness are not available, therefore donor organizations have found it difficult to implement projects intended to assist deafblind population. According to a baseline study conducted by Chisombezi revealed the following;

- Parents and guardians face challenges in communicating with the persons with deafblindness and fail to understand their children.
- There are no vocational training programmes in the districts specifically targeting youths and adults with deafblindness.
- Poverty is a general problem in Malawi. All parents/families of children and youth with deafblindness identified in this survey have low income.
- 90% of persons with deafblindness lack assistive devices.
- Approximately 67% of parents had low education and others have never been to school. This has affected the children with deafblindness not being sent to school. There are no assessment guidelines for learners with SEN, especially those with deafblindness.
- 60% of persons with deafblindness are not receiving HBE.

Background Information

In a quest to fulfill their role of giving social services in the field of health, education, pastoral work and social work, the SBVM established the CDBC in 2004 at Mkwamba Village, Traditional Authority Likoswe in Chiradzulu District. The main goal of the Centre is to give communication and independent living skills needed in the daily life to the deafblind children, youth and adults in Malawi, improving thereby their life quality, and enabling them to be a resource to their family and the society in general.

The CDBC in Malawi partners with Signo Foundation in Norway to improve the situation of the deafblind children and youngsters in Malawi. Signo Foundation, is responsible for the implementation of the Deafblind Education project from 2007 and forward on behalf of The Atlas Alliance.

Program objectives and expected results for the end of 2014;

- Identified deafblind children and adults in Malawi are secured adapted education and/or vocational training.
- Deafblind individuals have the skills they need for the activities for daily living skills (ADL) and are to their potential able to generate an income or contribute to their household in other ways.
- The deafblind receive professional individually adapted services possible in the Malawian context.
- The deafblind living with their families have the same possibilities to develop their skills as those attending school at Chisombezi.
- The families of a deafblind individual regard their deafblind family member as a resource.

The project outcomes directly contribute to the achievement of specific CDBC outcomes which are assessed through achievement of set targets for each project area. Several expected results and result indicators as specified in the Chisombezi Deafblind Centre long term plan for Malawi have been proposed for realization of project outcomes.

Target Groups and Activities of the Centre

This project benefits the deafblind children, adults and the families of deafblind individuals. The Centre provides care and teaches children who are deafblind activities of daily living, interactive skills, and functional academics which are divided into two i.e. low and high functional academics and communication skills. Some of the deafblind children are offered accommodation at the Centre in Chisombezi. Children who cannot be referred to Chisombezi Deafblind School are identified and placed on an outreach program known as Home Based Education and other necessary rehabilitations. Through the home based education program, training is given to parents, relatives and other community members on how they can take care of the deafblind children and adults in their homes.

The children at Chisombezi are given opportunities to be in their homes during holidays. Their teachers pay them home visits and work with parents and guardians in their communities. Children who are deafblind are identified through hospitals, health centres, specialist teachers,

community based rehabilitation workers from MACOHA, social welfare officers, other specialist teachers and parents themselves.

1.2 Purpose and Objectives of the CDBC mid-term evaluation

1.2.1 Purpose

The purpose of the Mid-term evaluation was to establish progress to date by the CDBC project and to give recommendations for the remaining period in order to achieve the expected results as set out in the long term plan

1.2.2 Objectives

The goal was to establish the relevance of and progress made to date in the project and give recommendations on the remaining period. Specifically, the objectives of the assessment were to:

- Establish the relevance and progress of the project according to the expected results stated in the long term plan of the project.
- Assess the prospects of sustainability of the interventions beyond 2014
- Establish what has been done to overcome barriers for the participation of girls
- Give recommendations for the remaining project period.

1.2.3 Evaluation quality

This includes internationally recognized evaluation standards for relevance, progress, monitoring, community and government involvement, effectiveness, efficiency, sustainability and impact and other standards such as adequate attention to gender equality and the use of best practice evaluation methodology.

1.2.4 Extent of participation by different stakeholders

The CDBC midterm evaluation was a participatory process that actively engaged representatives of the stakeholders with prime interest in the process including community members (parents), implementing partners (Government line Ministries, NGOs and CBR workers) at national and operational levels, district structures and facilities, youth groups and district assemblies. CDBC Office was also strategically engaged through planning, technical guidance and input in the evaluation process. These were targeted through different techniques.

1.2.5 Report structure

The structure of midterm evaluation report comprises executive summary, evaluation background, methodology used, findings and discussions, conclusions and recommendations. Under findings and discussions, presentation is structured around thematic areas of relevance, progress, progress, community and government involvement, monitoring and sustainability. The findings are a representation of the input of key informants, beneficiary community members as well as researchers' analysis augmented by the literature review in the course of the study.

CHAPTER 2 SURVEY METHODOLOGY

2.1 Overview of the study approach

Responding to the purpose of the Project, descriptive study designs of both qualitative and quantitative methodology were employed in order to tap on various evaluation approaches deriving from outcomes that the Project was designed to accomplish. The study employed a variety of techniques, which are principally participatory in nature, to collect data and analyze and assess project relevance and progress in the sampled focus districts. The techniques involved communities as primary stakeholders, CBR workers as implementing partners, parents of deafblind children as rights holders, CDBC teachers and Office staff, and partner organizations engaged at beneficiary and national levels. Fundamentally, the assessment ensured beneficiary contact and engagement through Focus Group Discussions (FGD) using guiding questions and key informant interviews. Besides, the study has also made significant use of secondary data and literature review.

2.2 Data collection

The study collected data from sampled project implementing partners by each component area. The evaluation used multi-method research approaches and strategies which were mixed and matched to serve different purposes in the study in order to enable triangulation to take place. The approach drew participants from Chiradzulu, Balaka, Machinga, Zomba, Chikhwawa, Thyolo and Blantyre districts. This was intended to ensure that all components of the programme are covered and that there is uniform representation of the units in all the study areas. Data collection process included meeting project officers as well as field interviews with selected partners and beneficiaries by thematic areas in the targeted districts of the actual schedule. Specifically, data collection involved the following:

2.2.1 Preliminary Consultative meetings and Study preparations

During this stage, consulting core team undertook preliminary review of programme documentation and held preliminary discussions with CDBC Office involving project coordinator in order to determine appropriate areas of focus and reaching consensus on process and access to necessary data. This process was further enriched by annual reports that featured progress of project achievements by participating partners.

2.2.2 Literature review

A number of documents were reviewed in respect of monitoring, reporting, home based education and CDBC. The reviewed documents mainly included the Chisombezi Deafblind Centre Long Term Plan, a report on the Baseline survey on the living conditions of the deafblind persons in the southern part of Malawi, CDBC periodic reports for 2010, 2011 and 2012. These documents were analyzed in order to obtain empirical data to substantiate findings from key informants and focus group discussions. This body of literature facilitated in building secondary information that guided other information gathering processes. In addition, this helped to deepen understanding of key issues and interventions that the CDBC need to dwell on as it approaches next phase.

2.2.3 Interviews and self-administered questionnaire

The evaluation targeted stakeholders including interest groups such as Parents for DB children living at CDBC and those whose deafblind children are living with their families, CBR workers, Superior General of SBVM, government officials, MACOHA, and staff and linkages of CDBC that have been established. Thus as part of the data collection process, the study team carried

out random structured interviews to get in-depth information from the various key stakeholders in the project. In depth interviews with key informants were done in order to understand the progress which has been made so far in regard to all CDBC activities in terms of improving access and utilization of these services among the targeted population. A total of 32 key informant in-depth interviews were done with various stakeholders. Specific questionnaire was developed and administered to CBR workers, MACOHA officials, teachers and officials of CDBC.

2.2.4 Focus group discussions (FGD) and field visits to selected project sites

This was done to capture specific/stratified group information representing special interests within sampled project entities in Chiradzulu, Balaka, Machinga, Zomba, Chikhwawa, Thyolo and Blantyre districts. There were three FGDs conducted during the study covering parents of DB children (HB and CDBC), CBR and CDBC workers. Focus groups for discussions comprised of both men and women.

2.3 Study sample population, size and sampling design

The evaluation was conducted in 7 impact districts. Respondents were the parents/guardians of DB children (HBE and CDBC), CBR and CDBC workers, CDBC project officers, Ministry of Education Officials (DEM for Chiradzulu and Acting EDM for SHED) and Officials from MACOHA. These were targeted through different techniques.

2.4 Data compilation, entry and analysis

The data collection tools generated data in both qualitative and quantitative form. Qualitative data included responses of interviews with key informants and focus groups with selected groups. Data collected through focus group discussions was analyzed manually through a process of triangulation (data source and data collectors). Data collected through in depth interviews were analyzed through data source triangulation. Content analysis was done in order to bring afore common themes and concepts. Codes were developed from analysis in which major categories and themes were identified and put into meaningful sections for discussions. The qualitative data collected was processed and summarized based on key domains established during desk review, the field survey, and interview notes.

Quantitative data was derived from various reports and questionnaires and aligned to the key identified domains. The qualitative set of information complemented quantitative information in providing useful insights to thematic issues especially linkages to thematic areas and their respective beneficiaries. This was critical in assessment of overall performance of the project in order to chart out strategic directions as part of the strategic focus for the next phase.

2.5 Study limitations

- **Time:** The time available for the assessment was extremely limited. Within a period of five weeks the team was required to develop and pilot tools, conduct field work, and analyze data. In addition, interviews, document reviews and report writing were undertaken within that time.

CHAPTER 3 FINDINGS

3.1 Project Relevance

From overall assessment, the project has contributed towards enhancing lives of children with deafblindness and their families by imparting knowledge and skills. Among the areas where the Project is particularly making good progress are: awareness raising on the existence of deafblindness, identification and assessment of children with deafblindness and adults, Capacity building through training of CDBC teachers at CUNIMA and KISE, Home based education to children with deafblindness and their parents and training and formal education to children with deafblindness admitted at the Centre. Although CDBC project plans to handover the responsibility of running the Centre to government when the project phases out, half-way through its implementation period there is little progress in getting government to take responsibility of the centre.

The project has set a platform to facilitate and support the development of deafblind education projects and services in Malawi. Through the CDBC project, deafblind children are able to communicate using tactile sign language, perform ADL skills and acquire formal education at Chisombezi which they could not do before. There has been more support among parents and community members towards deafblind children as a result of awareness campaigns and trainings offered by CDBC.

As stated above, the goal of the CDBC projects is to give communication and independent living skills needed in the daily life to the deafblind children, youth and adults in Malawi, improving thereby their life quality, and enabling them to be a resource to their family and the society in general. In the MTR, 9 statements on the questionnaires for parents/guardians were used to measure parents'/guardians' level of satisfaction with the skills given to their deafblind child by CDBC. The statements were measured on a scale of 1 to 5; with a response of one showing one's complete dissatisfaction and 5 showing complete satisfaction. The items had a Cronbach's alpha reliability coefficient of 0.896 which shows a very good consistency among the items measuring the parents'/guardians level of satisfaction. The variable Mean-level is the mean score for each item measuring the level of satisfaction. The overall mean level of satisfaction is 4.778. This means that parents/guardians whose deafblind children are admitted at CDBC are almost completely satisfied with the care that CDBC working in collaboration with them, is providing to the deafblind children. Similarly, on a scale of 1 to 5 (completely not useful to completely useful respectively), CBR workers CBR workers and assistants had to indicate if they found the CDBC trainings or briefing useful. The overall mean for the scores was 4.012, meaning the CBR-workers and assistants found the training and or briefing they got from CDBC useful.

Most respondents indicated that CDBC provides home based education and training on how parents can take care of the DB. The education and trainings usually focus on physiotherapy that parents/guardians can offer to deafblind children and on how parents can help deafblind children acquire ADL skills. A smaller number of parents for home based DB also indicated CDBC gives them financial assistance (this is usually in form of transport reimbursements and meal allowances).

All parents (100 %) of children with deafblindness at Chisombezi Deafblind School showed satisfaction with the services provided to their children by CDBC. Similarly 41.7% of the parents of children with deafblindness living with their families are also satisfied with the

services being provided to their children under the Home Based Education program. However, the remaining 58.3% expected Chisombezi to meet some of the following needs;

- help them start small scale businesses or livestock farming to help them generate income which will in turn be used to provide care that may require financial resources for the deafblind
- provide them with material support e.g., wheelchairs for deafblind individuals who cannot walk and nutritious foodstuffs
- help to develop DPTAM (which are currently not available) in their areas so that they should share knowledge on caring for their children
- they should provide initial training on ADL skills and physiotherapy to deafblind children before leaving it to the families to provide the training and physiotherapy

3.2 Gender

Although CDBC does not have a gender policy, it was noted that there were strides within its programming to ensure the participation of girls with deafblindness i.e. 90% of the children with deafblindness at CDBC are females. The girls with deafblindness are exposed to various skills aimed at enhancing their participation in mainstream activities thereby assisting them to lead independent lives.

3.3 Monitoring

Good-quality information on the CDBC components that is routinely collected and disseminated is essential to making strong project decisions at all levels. Systems for monitoring progress using the data collected are also important and must correspond to planning processes at the district and national levels when targets are set and progress is assessed.

As part of this assessment, it was noted that CDBC has weak monitoring systems. This could be attributed to limited resources (financial and human) to enable the organization to conduct regular monitoring visits to its target groups (CBR workers, parents of children with deafblindness and other stakeholders).

3.4 Community and government involvement

Government involvement

CDBC works in collaboration MACOHA-a government that provides rehabilitation services to persons with disabilities in Malawi. The Centre works with MACOHA's CBR workers to identify persons with deafblindness.

CDBC also engages Mulanje Vocational Training School for the Blind to provide vocational training to capable deafblind individuals. So far, four have completed their training and two are to be assessed by the vocational school to be considered for admission.

Results of the MTR reveal that the CDBC teachers are paid by government although the Special Needs Department of the Ministry of Education does not recognize the centre as an independent institution.

Community involvement

CDBC engages the community in providing services to persons with deafblindness. The results indicate that CDBC works with several community leaders when implementing its programs i.e. religious leaders, traditional leaders etc. More importantly the Centre has managed to solicit some material support from some community groups and individuals.

3.5 Sustainability

The results achieved by the CDBC project, in a short period of two years of implementation, are truly impressive. The review team was able to observe very concrete elements of suitability within CDBC program

3.5.1 Parents'/guardians' ability to use sign language

The team found that only 40% of PDBC at CDBC are able to use sign language or tactile skills; Meaning that 60% have got difficulties to communicate with their deafblind children particularly when they go home during holidays due to lack of these communication skills which the deafblind children themselves use when they are at CDBC. Although ability to use sign language or tactile skills is still lower in parents/ guardians whose deafblind children are living with their families, more (50%) of the parents/guardians are able to use sign language or tactile skills. The slight difference could be due to that parents whose children are at CDBC may participate less in HBE because their children spend most of the time at CDBC unlike parents who live together with their children. But this can also generally be attributed to the fact that most parents/guardians are unable to retain much of the knowledge or skills learnt from HBE because they are taught too much within a short time and the follow up visits by CDBC are not frequent enough.

3.5.2 Formation of DBPTAM

It was noted that CDBC has facilitated the formation of support groups for persons with deafblindness in the Southern region of Malawi (DBPTAM). This has contributed a lot towards the sustainability of CDBC activities among its target groups. The MTR revealed that members of the DBPTAM are able to conduct their own meetings where they discuss challenges and identify solutions. This is a clear hinge of sustainability as the DBPTAM are increasingly strengthening the services provided by CDBC at the local level. However, it was observed that the seminars that had targeted the members of the DBPTAM as a way of building their capacity were not enough. There was need for an ongoing capacity building program.

3.5.3 Technical and financial sustainability of CDBC

The MTR revealed that teachers at CDBC were being paid by the government. Further to that there were clear indications that CDBC was lobbying the Ministry of Education to consider extending the support to cover other critical areas i.e. operations of the centre (as is the case in other resource centres) in order to ensure sustainability after the current project phase out.

Results from the MTR also indicate that CDBC has managed to achieve one of its financial sustainability plan as laid down in the Long-term plan (2010-2014) by constructing a conference Centre with the aim of generating funds aimed at sustaining its operations. CDBC has so far raised income through provision of conferencing facilities.

SBVM sisters have offered sisters for training in deafblindness who will in turn support CDBC programs.

3.6 Progress

3.6.1 Orientation and training

All parents in both groups (parents of those living at CDBC and those living with their families) indicated that they have ever received training from CDBC through workshops/seminars and home based education and most of them indicated that during such trainings they were taught on how to provide physiotherapy to deafblind children, ADL, guidance & counseling and communication (sign language and tactile skills) skills

However, only 40% of parents whose deafblind children living at CDBC and 50% of parents whose deafblind children living with their families have ever been trained income generating skills and occupation therapy.

In addition to the participatory structures inscribed in the project documents such as DPTAM and project committees and community structures, the CDBC system, though weak, was a viable one to strengthen holistic community engagement in planning and implementing interventions. This means that for sustainability of the interventions, gradually the project implementation structures need to be linked with other stakeholders like FEDOMA, MACOHA and MUB.

One final point about sustainability relates to the continued capacity of the CDBC to attract other relevant people in the community like chiefs and religious leaders. Thus there must be community mobilization and integration activities which will offer an important platform for helping community members in recognizing DBC and instilling positive attitude towards DBC.

3.6.2 Activities CBR workers do in relation to deafblind persons

All deafblind persons were trained by CDBC on how to identify deafblind individuals, and they all are able to recognize and identify deafblind individuals.

Apart from identifying and recognizing deafblind individuals in their areas

- 83.3% provide care in form of providing counseling, mobility skills and orientation to deafblind persons
- 91.7% organize awareness campaigns
- 75% provide training on deafblindness to their communities
- 91.7% mobilize volunteers for deafblind related activities
- 66.7% help their communities develop activities that supports deafblind individuals
- 58.3% have made referrals of deafblind persons to CDBC

However,

- Only 25% produce information materials of deafblindness another 25% are able to provide direct services to CDBC

3.7 Summary of results achieved according to the project's results framework

Original project outputs	Progress identified by the MTR
<p>1. Teachers trained</p> <p><u>Output targets (until the end of the project):</u></p> <ul style="list-style-type: none"> • 10 teachers trained in deaf blindness and special needs • Assistant teachers trained in supporting children with deafblindness. <p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Number of teachers trained/upgraded at different Colleges/Universities. • Number of assistant teachers trained 	<p>The CDBC is making good progress to achieve this output, although there are questions about the sustainability of the changes to which the assistant teachers are contributing in the areas of education. In addition, the number of assistant teachers working in education is much lower against five classes.</p> <p><u>Progress on targets:</u></p> <ul style="list-style-type: none"> • 2 teachers with special Needs Education upgraded to Special Needs Education degree at Catholic University • 1 teacher with special needs Education is still undergoing his studies at the Catholic university. • 2 SNE teachers upgraded to SNE diploma at Kenya Institute of Education • 4 assistant teachers (3 female and 1 male) learnt how to write schemes and records of work, planned a unique work for each learner and evaluating performance of each child. • Five assistant teachers, two teachers and three hostel staff were trained how to assess a DBC in class. The teachers were also taught how to teach each child by following routine and how to develop calendar system for each child.
<p>2. Training of the deafblind and their families</p> <p><u>Output targets (until the end of the project):</u></p> <ul style="list-style-type: none"> • 57 children with deafblindness trained in ADL • 60 families of persons with deafblindness are able to communicate effectively with persons with deafblindness. • 20 families empowered on their roles as custodians of their children with deafblindness • 10 persons with deafblindness are included and involved in decision making in the society 	<p>The experience has proven very successful in increasing the skills of PDCs, although the number of PDC who underwent the orientation for the first group was lower than planned. There must be plans to expand the number of DPC oriented in the second project phase. It is too early to assess involvement of persons with deaf blindness in decision making in the society as most of them are young, but there is progress according to the indicators.</p> <p><u>Progress on targets (after orientation of first group of PDC):</u></p> <ul style="list-style-type: none"> • Families have been trained in sign language • Families have been trained in the concept of self-reliance, acceptance and ownership of children with deafblindness. • 20 children (8 boys and 12 girls) who are residential were taught skills such as ADL skills (eating, orientation and mobility, fine and gross motor skills) • 3 children acquired verbal communication skills • 5 children use sign language fluently.

<p>3. Changed attitude of the family towards persons with deafblindness in the society</p> <p><u>Output targets (until the end of the project):</u></p> <ul style="list-style-type: none"> • 57 parents joining the parents association group • 57 families sending their children to Chisombezi Deafblind Centre <p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Number of parents/guardians joining the association • Number of families with deafblind persons taking responsibilities and roles in providing the needs of their children with deafblindness. • Number of families sending their children to CDBC. 	<p>The CDBC has made good progress in raising awareness of communities (especially parents) on deafblindness and how to care DBC.</p> <p><u>Progress on targets:</u></p> <ul style="list-style-type: none"> • 30 parents have joined the parents' association group. • ...families have sent their children to CDBC. • 7 awareness campaigns have been carried out in the seven districts (Mulanje, Phalombe, Mangochi, Machinga, Thyolo, Ngabu in Chikwawa and Neno). The estimated number of participants reached is 143 (45 females and 68 males) • According to parents who respond the MTR survey, 70% of parents whose children are admitted at CDBC and 66.7% of parents whose deafblind children live with their families belong to DPTAMs • According to the CBR workers who responded the MTR survey, the estimated number of beneficiaries has increased although some have not yet been taken to CDBC.
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<p>4. Mobilization of the CBR workers on issues of deafblindness</p> <p><u>Output targets (until the end of the project):</u></p> <ul style="list-style-type: none"> • CBR workers able use deaf blind identification tool <p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Number of CBR workers able to use deaf blind identification tool 	<p>The CDBC has made good progress in sensitizing CBR Workers on how to identify deafblind person within their communities.</p> <p><u>Progress on targets:</u></p> <ul style="list-style-type: none"> • 75% of the CBR-workers have attended just one seminar/workshop by CDBC
<p>5. Identification of persons with deafblindness</p> <p><u>Output targets (until the end of the project):</u></p> <ul style="list-style-type: none"> • 57 persons with deafblindness identified, referred and assessed. <p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Number of deafblind persons assessed and referred per month 	<p><u>Progress on targets:</u></p> <ul style="list-style-type: none"> • In Chikwawa 2 boys and 1 girl were identified and placed on HBE where as 2 boys and 2 girls were identified in Blantyre. • 25 DB individuals were identified and assessed by specialist teachers.

Source: *CDBC log framework, 2010 and 2011 project reports*

3.8 Strengths

The MTR revealed the following strengths

- CDBC has well qualified staff in SNE, which are knowledgeable and skilled in deafblindness
- Has very good structures e.g. CDBC which houses the Chisombezi Deafblind School, a conference centre and other facilities
- Dedicated and passionate staff
- Provision of home based education to parents with deafblind children which has helped the parents to acquire knowledge and skills on how to communicate with and care for deafblind children
- Capacity to provide further training to its staff
- Good relationship with other organizations like MACOHA which through its CBR-workers is helping in the identification of deafblind individuals in the communities
- Donors providing financial support to the project
- Resourceful proprietors that are committed to achieving the project's goals and sustaining its activities

3.10 Challenges

The major challenges that project is facing

- Limited financial, material and human resources
- Limited capacity- Few workers hence the work load is huge
- CDBC programmes are lacking a component of HIV/AIDS
- Negative attitudes by the community due to lack of information on deafblindness
- Transport for parents to drop and pick their children from CDBC
- Low participation of parents in activities related to the deafblind
- Unwillingness by some parents to refer their children to CDBC
- People are used to handouts, as such most parents are not willing to contribute towards activities related to their deafblind children
- Lack of transport to take CBRs workers around their communities
- Limited involvement of key disability stakeholders e.g. government, other disability organizations and community leaders

CHAPTER 4: GENERAL CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

So far the CDBC project is making good progress in relation to the expected results outlined in its long term plan. Among the areas where the Project is making good progress are Capacity building through training of its teachers at CUNIMA and KISE; Home based education to parents of deafblind children; identification and assessment of deafblind children and provision of care, training and formal education to deafblind individuals admitted at the Centre. However, although CDBC project plans to handover the responsibility of running the Centre to government when the project phases out, half-way through its implementation period there is little progress in getting government take responsibility of the centre.

The little progress being made in having government recognize CDB school as a separate grant aided institution poses a big threat to the sustainability of the Centre. Although the SBVM sisters are committed to supporting the Centre using their own funds after the phasing out of the CDBC project, such funds may not be enough to run the Centre and other activities in the targeted areas.

4.2 Recommendations

4.2.1 Major Recommendations

Based on the analysis of findings, the following recommendations are drawn:

- i. There is need to increase the duration and frequency of trainings and home based education given to parents, Mulanje Vocational Training School for the Blind, CBR workers and other stakeholders.
- ii. The centre should work in collaboration with health facilities including orthopaedics to be able to provide complete care to the deafblind children who in most cases also have other physical disabilities.
- iii. Improve communication with stakeholders by developing a communications strategy for the CDBC project,
- iv. Parents of children with deafblindness should be encouraged to be members of PODCAM.
- v. In the next phase, CDBC should consider incorporating activities which will economically empower families of the deafblind or link the families to organisation/institutions that will empower the families economically. Economic empowerment of families of deafblind will help solve some of the challenges like transportation of the deafblind to and from CDBC.
- vi. There is need for a comprehensive and holistic system of project management and monitoring.
- vii. CDBC should strengthen its relationship with Ministry of Education so that the centre should be recognized as a grant aided institution and that issues pertaining to deafblindness are included in Disability Policy, Special Needs Education Policy, and National Education Sector Plan
- viii. CDBC should strengthen implementation of its phase out plan. CDBC should work with teachers to provide services to children with deafblindness under the Home Based Education program.
- ix. Lobby Special Needs Department to introduce deafblind curriculum in teacher training.

- x. CDBC should strengthen its resource mobilization strategies to ensure adequate resources for its operations.
- xi. CDBC should consider developing IEC materials to support its awareness campaigns.

REFERENCES

Annual reports 2010, 2011

Annual Plans 2011, 2012

Baseline from 2011

Job descriptions for staff and teachers at Chisombezi

Project plans for 2010-2014 (Long term plans)