

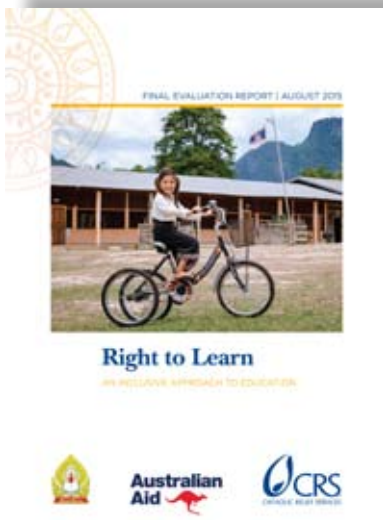
FINAL EVALUATION REPORT | AUGUST 2015



Right to Learn

AN INCLUSIVE APPROACH TO EDUCATION





COVER

This disabled child has received a specially adapted tricycle from the Right to Learn project to improve her mobility. Teachers believe the last few years have seen an important change in the ideas and behavior around disabilities.

Photo by Bart Verweij for CRS

Report prepared by



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Acronyms

AFA	Association for Autism
CBR	Community-based rehabilitation
CMR	Center for Medical Rehabilitation
CRS	Catholic Relief Services
CWD	Children with disabilities
DESB	District Education and Sports Bureau
DFAT	Department of Foreign Affairs and Trade (Australia)
DPO	Disabled People's Organization
DPPE	Department of Pre-Primary and Primary Education
DSA	Daily subsistence allowance
EMC	Emerging Markets Consulting
ESDP	Education Development Sector Plan
ESWG	Education Sector Working Group
FGD	Focus group discussion
GID	Gender, Inclusion, and Disability
IE	Inclusive education
IEC	Inclusive Education Center
IEM	Inclusive education management
IEP	Individual education plan
ILFE	Inclusive, learning-friendly environment
INGO	International nongovernmental organization
KII	Key informant interview
LEAPS	Learning and Engaging All in Primary School
LDPA	Lao Disabled People Association
M&E	Monitoring and evaluation
MEAL	Monitoring, evaluation, accountability and learning
MoES	Ministry of Education and Sports
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
NESRS	National Education System Reform Strategy
PA	Pedagogical advisors
PESS	Provincial Education and Sports Services
RtL	Right to Learn
TA	Technical advisor
ToT	Training of trainers
TWG	Technical working group
UNDP	United Nations Development Programme
VEDC	Village Education Development Committee
VHV	Village Health Volunteer

Executive summary

Catholic Relief Services implemented the two-year Right to Learn project, funded by the Australian Department of Foreign Affairs and Trade, aimed at improving access to education of children with disabilities in Lao PDR. The main goals were to develop the capacity of the Ministry of Education and Sports, the Provincial Education and Sports Services, and the District Education and Sports Bureau by supporting the provision of trainings to principals, teachers and local village authorities (village chiefs and Village Education Development Committee members); supporting the implementation of inclusive education in 51 primary schools; providing individual assistance to children with disabilities; and providing medical screening and assistive devices in 40 villages, in Xaybouathong district, Khammouane Province, Lao PDR.

To achieve these goals, the project worked in close collaboration with a variety of stakeholders, including the Ministry of Education and Sports, the Inclusive Education Center, the Center for Medical Rehabilitation, Mahosot Hospital, Khammouane Provincial Hospital, Xaybouathong District Hospital, the Lao Disabled People Association and the Association for Autism.

The RtL project has seen positive results through engaging an IE technical advisor to support different components of the project. A key component was capacity building of the Inclusive Education Center to implement the Gender, Inclusion and Disability technical working group, and review existing and develop new MoES policies, strategies and action plans for learners with disabilities. In addition, the technical advisor collaboratively developed technical resources to support RtL project activities while transferring technical knowledge to the IEC. Two specific trainings; Community-Based Rehabilitation for Village Education Development Committees, and Individual Education Plans and teaching methods for CWD, have made a significant contribution to the catalogue of resources available to the MoES to support their action on capacity building in schools and communities at the provincial and district levels. To achieve this, the TA conducted training of trainers with IEC, PESS and DESB staff, and provided support at the district level during the implementation of workshops with schools and VEDCs.

Teachers and principals received trainings on three modules: IE Theory, Inclusive Education Management (IEM), and Individual Education Plans (IEP) and teaching methods for children with disabilities. The results of training activities have resulted in increased knowledge of IE, especially IE Theory and IEM components. However, more time and further capacity building is needed to consolidate teaching skills and support behavior change so new IE knowledge is incorporated into daily classroom practices. This was most evident after IEP training and is essential to ensuring teachers implement IEP and teaching methods for CWD.



A child is fitted with a hearing aid.
Photo by Bart Verweij for CRS

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The project supported the implementation of inclusive education in 51 primary schools, provided individual assistance to children with disabilities, and provided medical screening and assistive devices in 40 villages.
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School principals and teachers, as well as VEDC members and village chiefs, indicated that the current school infrastructure created barriers and limitations to the implementation of IE practices. The RtL project started to address this issue through the provision of small grants for school improvements. This allowed a number of schools to make infrastructure improvements to increase school accessibility, for example, ramps, inclusive playground equipment and accessible latrines for all children.

One of the successes of the project was the increased number of children with disabilities enrolling in local schools. Some 59 percent of CWD were enrolled at local schools at the beginning of the project compared to 66 percent at the final external evaluation. This constitutes a success, especially when compared to the MoES target of 30 percent enrolment by 2015. However, further attention is needed to monitor attendance at school to ensure CWD do not drop out and can complete a full cycle of primary education, with a need to find a reliable methodology to track attendance levels at the district level. In addition, targeted interventions are needed to decrease disparities between girls and boys since data revealed fewer girls with disabilities (55 percent) enrolled at schools compared to boys with disabilities (75 percent).

Engagement and mobilization of communities to support children with disabilities constitutes another significant outcome of the project. The initial baseline indicated several issues regarding low levels of local awareness, misconceptions on disability, and evidence of negative attitudes and behaviors from communities towards people with disabilities. The evaluation found that most stakeholders interviewed believed that there had been a significant improvement in the way local communities behaved towards people with disabilities and their families, resulting in these families or caregivers being more open and increasing the visibility of people with disabilities within communities. As a direct result of CBR trainings, village chiefs and VEDC members facilitated community awareness-raising events in all villages to continue developing knowledge and discussing issues on disability to encourage communities to actively support families with CWD.

The RtL project provided a variety of assistive devices to CWD in the 40 target villages. These included devices, and sometimes surgery, for physical impairment (walking frames, corner chairs, tricycles, standing frames and wheelchairs), visual impairment (glasses and cataract surgery) and hearing impairment (hearing aids). While stakeholders reported how these devices had meaningfully improved quality of life and participation for CWD, certain challenges were identified. Some children (26 percent) reported being teased or experiencing negative attention when using their devices, resulting in them being reluctant to wear them and not using them. Secondly, as hearing aids were more sophisticated devices to use, adjust and care for, families sometimes did not use them effectively. In addition, procuring hearing aids and making repairs created a challenge for the RtL project due to the limited availability of audiology services at the provincial level. This created dependency on national-level services. A lack of suppliers in the country meant regional suppliers were used for procurement and maintenance, an unsustainable component of the project. These challenges highlight two future needs, firstly improved education for families on assistive devices to ensure effective use and, secondly, a significant longer term investment by development partners to support the Ministry of Health to build the capacity of audiology services within Lao PDR, especially at the provincial level.

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Most stakeholders interviewed believed that there had been a significant improvement in the way local communities behaved towards people with disabilities and their families, resulting in these families or caregivers being more open and increasing the visibility of people with disabilities within communities.
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Villagers participate in CRS community-based rehabilitation trainings in Ban Phakouaynongbone, Xaibouathong district.
Photo by Bart Verweij for CRS

Overall, there have been several positive outcomes from increasing the capacity of the various stakeholders. Local communities have demonstrated positive attitudes and behavior change on disability, and started to be active and mobilize support for families in the villages. Village chiefs have been instrumental in this process, supporting community awareness-raising events on disability. As a result of MoES staff receiving a variety of trainings on IE, they have demonstrated an increased capacity to implement IE and have actively demonstrated positive contributions towards the inclusion of CWD in schools and local communities. Ultimately, children have experienced improved quality of life through provision of assistive devices, and as a result of medical screening and the increased support from families, VEDC, teachers and communities. However, there is a further need to sensitize communities, especially children, to enable peer-to-peer support. Overall, the RtL project has demonstrated the potential to develop inclusive schools and communities that support CWD and their families to participate in daily village life and access education. Nevertheless, further capacity building is needed to ensure sustained changes and progression in schools on IE, specifically continued practical skills development of teachers to be more effective in the classroom. The need for development partners to support the MOH to expand and upscale specialist services, and explore sustainable funding for provision, maintenance and replacement of assistive devices was evident within this final evaluation.

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I. Project background

1.1 INCLUSIVE EDUCATION CONTEXT

Inclusive education in Lao PDR is regulated¹ under the “National Policy on IE”, Decree 509/ PM & 1170/MOE (29 November 2010) and the “National Strategy and Plan of Action on Inclusive Education 2011-2015”, Decree 4477/MOE/IEC (2011) which promulgates IE within the framework of the “National Plan on Education for All 2003-2015”, the “National Education System Reform Strategy (NESRS) 2006-2015”, the “Education Sector Development Framework (ESDF) 2009-2015” and the “Education Development Sector Plan (ESDP) 2011-2015”. An 8th ESDP 2016-2020 is being drafted to reflect the findings of the Midterm Review (2013), the current needs of the education sector and ensuring IE is integrated within this plan. Current MoES policy on IE includes actions targeted at improving the access to education of all disadvantaged groups, including girls and women, ethnic minorities, and people with disabilities, as well as households affected by economic difficulties.

The Inclusive Education Center within the Department of Pre-Primary and Primary Education is responsible for building the capacity of the MoES departments to integrate and implement IE activities and ensure broad ownership of this cross-cutting issue across the Ministry. The IEC actively supports the development of IE policy, strategy, action planning and technical resources, and acts as a focal point for coordination with donors and NGOs actively working on IE.

ESDP 2011-2015 has a current target of ‘at least 30 percent of children with mild disabilities are enrolled in grades 1 to 9’, thus the RtL project results and outputs support the achievement of this MoES target.

1.2 RIGHT TO LEARN PROJECT ACTIVITIES

CRS, with funding from the Australian DFAT, has implemented a 2-year project targeting all villages in Xaybouathong district, Khammouane province, Lao PDR. CRS signed a memorandum of understanding with IEC, MoES, in December 2012 for the 2-year project period (January 2013-2015) with a 6-month no-cost project extension until June 2015. The project aimed to improve the access to education of CWD in the district, by:

- Developing institutional capacity within MoES, Provincial (PESS) and District Education Offices (DESB).
- Training and supporting teachers and principals to implement IE at the school and community level.
- Training and supporting VEDCs to support CWD, both in and out of school.
- Medical screening and provision of assistive devices for children with vision, hearing and physical impairments.

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The Inclusive Education Center within the Department of Pre-Primary and Primary Education is responsible for building the capacity of the Ministry of Education and Sports departments to integrate and implement inclusive education activities and ensure broad ownership of this cross-cutting issue across the Ministry.

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1. Source: MoES, National Strategy and Plan of Action on Inclusive Education, 2011-2015 (2011).

CRS has implemented these activities in close collaboration and partnership with MoES, CMR, Khammouane Provincial Hospital, Mahosot Hospital, Xaybouathong District Hospital, Lao Disabled People's Association (LDPA) and AFA.

The results, outputs and activities of the project are summarized in Table 1 and have been used as the framework to guide the four main components to be assessed during this external evaluation.

Table 1 - Project goals and outputs²

Results	Outputs	Main activities
Primary school teachers and principals implement IE in their schools.	Teachers increase their knowledge of techniques to teach CWD. Principals prepare school action plans.	IE Theory and Practice training for teachers and principals, teacher training on IE, teacher exchange visits. IEM training for principals on IE Theory. IEPs and teaching methods for CWD.
Communities provide an enabling environment for CWD to attend school.	VEDC members and villagers increase awareness of IE and disability. Community members learn disability-inclusive development.	VEDC training, community awareness raising activity, VEDC learning seminars. CBR trainings.
TWG improves capacity to monitor and support education staff in implementing IE for CWD.	Technical working group participates in monitoring activities and reflection events. CRS develops a CBR manual.	Central and provincial-level monitoring visits, annual reflection and planning meetings. Develop manual on training district and local education staff; Design and plan final evaluation meeting. Development of CBR manual.
CWD use assistive devices following medical screening.	CWD complete medical screening. CWD receive assistive devices.	Children receive prescriptions for assistive devices. Procurement and distribution of devices.

The RtL project was launched in Khammouane province's Xaybouathong district, one of the poorest³ districts in Lao PDR. The project's target coverage was all 40 villages in the district. The total population of the district at the baseline survey was 24,820, characterized by two main ethnicities: Phoutai (32 villages) and Makong (8 villages)⁴.

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The Right to Learn project was launched in Khammouane province's Xaybouathong district, one of the poorest districts in Lao PDR.

Table 2 - Xaybouathong district demographics

Villages	40
Phoutai ethnicity	32
Makong ethnicity	8
Population	24,820



2. Source: CRS, RtL Framework.
 3. Source: The Geography of Poverty and Inequality in the Lao PDR, IFPRI, 2008
 4. Source: CRS RtL Baseline Report using DESB population data (2012-2103)

II. Evaluation methodology

2.1 SCOPE

As outlined in the evaluation terms of reference, the following research questions were addressed, and grouped under four criteria.⁵

Relevance:

- Were the project activities and outputs consistent with the overall goal, objectives and intended impact of the project?
- Did the project activities and outputs appropriately meet the needs of CWD identified from the baseline survey?
- Was the training strategy relevant to meeting the identified needs of the district?
- Was the training content appropriate for meeting the learning needs of the target audience?
- Was the capacity of trainers appropriate for delivering the training content to the target audience?
- Was the level of stakeholder participation appropriate in the assessment, design, and implementation and monitoring of the project, specifically considering the participation of people with disabilities?

Effectiveness and efficiency:

- To what extent were the objectives of the project achieved?
- Was coordination effective with external stakeholders and partners?
- What were the major factors that influenced the achievement or non-achievement of objectives?
- Were the planned outputs achieved in time?
- Was the staffing structure efficient?

Impact:

- Did the project achieve planned impact and was there any unintended impact – positive or negative?
- Did the impact differ for different types of individuals?
- In what way was the CWD's caregiver's capacity increased to support the participation of their child at home, in village life and at school?
- In what way were the community, schools, and MoES' capacity increased to support inclusive village development for CWD and their families?

5. DAC Principles for Evaluation of Development Assistance

Sustainability:

- To what extent will the benefit of the provision of assistive devices continue once the project ends?
- Overall, how did this project contribute to meeting the longer-term needs of CWD accessing quality IE?
- What are the future plans to continue meeting the longer-term needs of CWD?
- What were the major factors influencing the achievement or non-achievement of sustainability?



Assistive device distribution.
Photo by Bart Verweij for CRS

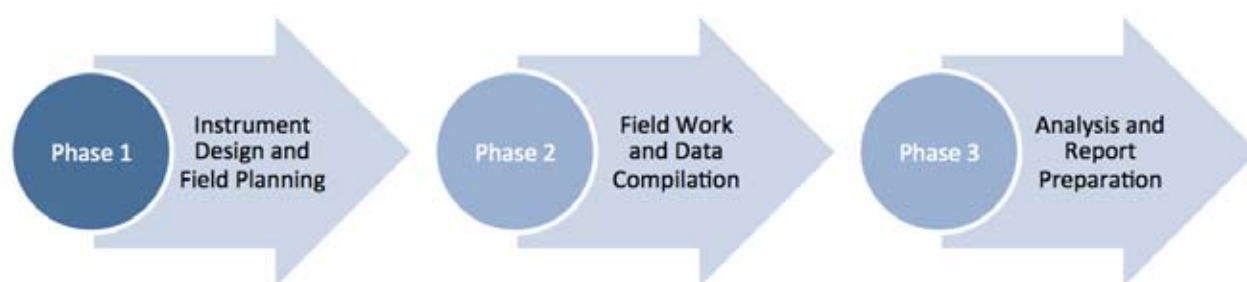
2.2 METHODOLOGY

The methodology of the final evaluation was based on the analysis of information collected through desk review of project documents, in-depth interviews and focus group discussions (FGDs) with a sample of direct and indirect beneficiaries from the project. The data collected during the evaluation included:

- All relevant project documents provided by CRS.
- Review of the monitoring data collected by CRS during the implementation of the project.
- Primary qualitative and quantitative data collected from a sample of beneficiaries in the district. This included one-on-one key informant interviews (KII) and FGDs.
- KIIs with the key partners of the project.

The final evaluation was carried out in three phases. Initially, the EMC team worked closely with the CRS team to create data collection tools and to design the field action plan. In the second phase, a team of enumerators led by the EMC staff visited 15 villages in Xaybouathong district to collect data from the sample of beneficiaries.

Figure 1 - Project phases



In the third phase, the evaluation team analyzed the data collected from the field, and triangulated results with further KII with stakeholders at the central level, and monitoring and evaluation (M&E) data from CRS. After the initial analysis phase, the team synthesized the findings into a presentation that was shared at a workshop organized by CRS with the support of the IEC in Vientiane. Workshop participants included the IEC team, PESS, DESB, representatives from MoES, DFAT and World Education. The EMC team used the feedback shared by participants during this event to verify and confirm the findings presented, and moved on to develop the final report to deliver to CRS.

2.3 RESEARCH SAMPLE

One-on-one KIIs were carried out with a total of 201 participants in Khammouane province. The research team visited 15 villages in the district. Villages were selected to obtain the largest possible number of respondents, and therefore the villages with the highest number of children with disabilities were prioritized. In each of the 15 villages visited, the research team interviewed CWD and their parents, children without disabilities and their parents, VEDC members (Village Health Volunteers and members of Lao Women’s Union), and village education authorities (village chiefs, school principals and teachers). Additionally, the research team interviewed two PESS staff in Thakhek, the provincial capital of Khammouane district. Whenever possible, the research team tried to include both female and male respondents. However, in some cases, such as village chief interviews and school principals, all potential respondents were male.

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In each of the 15 villages visited, the research team interviewed children with disabilities and their parents, children without disabilities and their parents, Village Education Development Committee members, and village education authorities.

The research team visited 15 villages; approximately 38 percent of the 40 target villages included in the RtL project. From the 15 villages, the EMC team interviewed 34 CWD that had received assistive devices; 49 percent of the total of 69 children that received devices. This sample size represents a 95 percent confidence level, albeit a quite high confidence interval (12.06 percent) from the responses by CWD.



Forty-one school staff members (26 teachers and 15 principals) were interviewed; an approximate sample size of 19 percent of the total of 220 school staff. This represents a 95 percent confidence level but with a higher confidence interval of 13.84 percent. Fifteen village chiefs were interviewed; a 37.5 percent of the total number of 40 village chiefs. This represents a 95 percent confidence level and a confidence interval of 20.26 percent. Table 3 provides a summary of the number of one-on-one interviews, disaggregated by type of beneficiary and gender.

Table 3 - One-on-one interviews in Khammouane province

		Total	Male	Female
Direct one-on-one interviews	Parents (of CWD)	34	21	13
	Children (CWD)	34	21	13
	Parents (of non CWD)	30	17	13
	Children (Non CWD)	30	17	13
	VEDC member (health volunteers/ Women’s Unions)	15	10	5
	Village chief	15	15	-
	School principal	15	15	-
	Teachers	26	13	13
	PESS staff	2	1	1
Total		201	130	71

Table 4 shows a summary of the children interviewed disaggregated by type of impairment.

Table 4 - Impairments of CWD interviewed

Physical	14
Visual	12
Hearing	8
Total	34

To capture qualitative data on the impact of project activities, seven FGDs were completed in the district, with VEDCs, with parents (fathers and mothers) of CWD, women from the village who were mothers, as well as the full team from DESB.

Table 5 - Focus group discussions in Khammouane province

		FGDs	Participants	Male	Female
Focus group discussions	VEDC	2	10	8	2
	Parents (mixed)	2	12	4	8
	Women	2	13	0	13
	DESB staff	1	6	4	2
	IEC staff (in Vientiane)	1	2	1	1
	Total	8	43	17	26

2.3.1 Children questionnaires

Interview schedules were created for each stakeholder. The procedure for conducting interviews was adapted to make it child-friendly, with the aim of increasing the responsiveness of children and the reliability of responses, for example, making sure children of a younger age, limited attention span or with specific impairments that would impact communication during the interview could respond easily to questions. In these circumstances, one parent was present to assist and reassure the child, help them feel comfortable speaking with a new person, or assist with communication if a child was hearing impaired. Tools were developed to be used in parallel with visual aids to support the child to respond. Children were shown a series of smiley faces that would represent responses “Yes”, “No”, “A little”, “A lot”, so that they could point at the picture to give their answer. This was helpful in assisting communication and enabling them to overcome shyness.

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The procedure for conducting interviews was adapted to make it child-friendly, with the aim of increasing the responsiveness of children and the reliability of responses.



2.3.2 Key informant interviews

To obtain a broad perspective of the dynamics and implementation of the project, a range of key implementation partners were invited to participate in interviews. These included doctors involved in medical screening, AFA, MoES, the IEC, the LDPA, the CMR, as well as the donor of the project, DFAT. Table 6 provides further information on the number of implementation partners interviewed from each organization.

Table 6 - Key informant interviews with implementation partners

		KIIs	Male	Female
KIIs	Doctors involved in the project	Vientiane	1	1
		Khammouane	1	1
		CMR (Vientiane)	1	1
	Lao Autism Association (AFA)		1	1
	MoES		1	1
	IEC		1	1
	LDPA		1	1
	DFAT		1	1
Total		8	3	5

2.3.3 Limitations of the evaluation

There are four main areas of limitations regarding the scope of this evaluation.

The aim of this evaluation was to collect feedback and information from a wide array of target respondents, including children with and without disabilities, their parents, teachers, principals and local community members. The sample sizes for most categories (CWD, parents and teachers) represent an adequate proportion of the total beneficiaries of the project. However, while EMC is confident of the value and appropriateness of the evaluation results, the large confidence interval for some of the interview target categories (especially village chiefs and VEDC members) means the results cannot be generalized to the whole district or province.

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The capacity of local schools to track attendance was limited, and therefore the availability of consistent, reliable data was limited.

Due to project’s end date and the timing of the external evaluation, data collection had to be carried out at the end of the school year. Thus there could be no direct observation in the schools so interviews were used to measure the implementation of IE methods in the classroom by teachers, along with data on school infrastructure and accessibility. However, when comparing responses from different stakeholder interviews, similar findings were reported, allowing the team to infer the conclusions were reliable in the absence of direct data verification from school observations.

CRS collected regular monitoring data for the duration of the project, supervised by the TA and project manager. However, the analysis of monitoring data was incomplete due to time restrictions, for example, follow-up classroom observations could not be carried out during the evaluation period. This resulted in triangulation of data being incomplete and it could only be completed at a later stage of reporting. In addition, the capacity of local schools to track attendance was limited, and therefore the availability of consistent, reliable data was limited both to the RtL project and the EMC team. Finally, since a significant amount of data was collected through face-to-face interviews, there was always a risk that the self-reporting would affect the quality of the data.

III. Findings

The table below shows a summary of the main indicators relating to the RtL project objectives. One of the main successes of the project was to achieve a 66 percent enrolment rate for children with disabilities within the 40 villages of the district at the basic education level. This is above national averages and policy targets up to 2015 for the government of Lao PDR. Teachers and principals also demonstrated interest and commitment to the IE trainings that was provided to them, with 80 percent of principals developing IEM plans, and 56 percent of teachers using IEP. VEDCs and village chiefs were actively engaged in expanding the communities' knowledge and improving the communities' behavior towards those with disabilities, with 87 percent conducting community awareness-raising events at the village level. Finally, 69 children received an assistive device to support participation and learning at school and home.

66%

One of the main successes of the project was to achieve a 66 percent enrolment rate for children with disabilities within the 40 villages of the district at the basic education level

Table 7 - CRS objectives framework

Objective	Indicator	Baseline	Final
Girls and boys with disabilities in XBT district are accessing quality IE	Percentage of CWD enrolled in school	59%	66%
Primary school teachers and principals implement IE in their schools (All principals in the sample were also teachers and therefore responsible for writing IEP plans)	Percentage of teachers who used IEPs to plan lessons to teach CWD	-	80% of principals 56% of teachers
	Percentage of schools that implemented IE School Management Plans	-	80%
Communities provide an enabling environment for CWD to attend school	Percentage of VEDCs that conducted community awareness-raising events	-	87%
CWD use assistive devices	Number of CWD that received an assistive device	-	69

3.1 PROVISION OF TECHNICAL ASSISTANCE

The RtL project has seen positive results from utilizing an inclusive education technical advisor to support different components of the project. A key component was capacity building of the IEC to implement the Gender, Inclusion, and Disability technical working group, and review existing and develop new MoES policies, strategies and action plans for learners with disabilities. In addition, the TA has collaboratively developed technical resources to support RtL project activities while transferring technical knowledge to the IEC. Two specific trainings—CBR for VEDCs, and IEPs and teaching methods for CWD—have made a significant contribution to the catalogue of resources available to MoES to support their action on capacity building of schools and communities at provincial and district level. To achieve this, the TA conducted ToT with IEC, PESS, and DESB staff, and provided support at the district level during implementation of workshops with schools and VEDC.

One of the key components of the Rtl project was to support and develop the capacity of a variety of stakeholders, including the MoES at the central, provincial and district levels; especially the IEC at the central level, and Disabled People's Organizations, including Lao AFA and Lao Disabled People's Association.

At the national level, activities to support the IEC and other key departments focused mostly on the role of the Rtl's inclusive education technical advisor to provide staff with trainings, technical support and new resources that would improve their capacity to implement IE policy, strategy and action plans and upscale IE to an increasing number of schools in Lao PDR. The initial phase involved the TA contributing to the Midterm Review of the ESDP, 2011-2015 to determine achievements so far, current gaps and future needs and action points.

The technical advisor has supported the IEC to organize and implement the quarterly Gender, Inclusion and Disability TWG as part of the Education Sector Working Group under Focal Group 3. The working group commenced in July 2013 as one of the first TWG and has continued sharing data on IE activities and technical resources, and consulted with the members to get feedback and consensus when drafting IE strategy and action plans. In this continuing role, the TA has advocated and supported the IEC to play an active role in the development of ESDP 2016-2020 with the inclusion of an IE subsector plan, and to promote the integration of IE within all subsector plans.

The TA's support has also contributed to capacity building at all MoES levels—central, provincial and district—by leading the development of two training modules; firstly, CBR for VEDC and, secondly, IEPs and teaching methods for CWD for teachers. Each of these modules included two manuals: for participants and trainers.

The CBR manual used participatory methodologies to train local communities to be able to identify signs of, and differences between, ill health and long-term impairment; identify the causes of impairment; promote positive health-seeking behaviors to prevent impairments; access local and specialized healthcare; and use and maintain assistive devices. Other key components of CBR training included methods to stimulate discussions on stigma and discrimination; sensitize community members on what it means to have an impairment; identify challenges faced; and promote positive, supportive behavior within the community. Figure 2 illustrates an example of community members being asked to walk blindfolded to understand how it feels to be visually impaired.

Figure 2 - Example of a community-based rehabilitation activity



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The community-based rehabilitation manual used participatory methodologies to train local communities to be able to identify signs of, and differences between, ill health and long-term impairment; identify the causes of impairment; promote positive health-seeking behaviors to prevent impairments; access local and specialized healthcare; and use and maintain assistive devices.
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A villager participates in CRS community-based rehabilitation training in Xaibouathong district.
Photo by Bart Verweij for CRS

The RtL project supported the development of manuals collaboratively with IEC followed by conducting ToT activities with core trainers from IEC, PESS, DESB and LDPA. Subsequently, CRS project staff supported DESB and PESS to lead implementation of CBR workshops for 40 VEDC in Xaybouathong District with technical support from LDPA and IEC. Key resources such as manuals, teaching aids and a trainer toolkit were handed over to each stakeholder in the training team to support future trainings. VEDCs were also provided with toolkits to support facilitation of community awareness-raising events.



Assistive device distribution.
Photo by Bart Verweij for CRS

The second module developed by the TA was IEP and teaching methods for CWD with the objective of training school teachers on a variety of practical methods to support learners with disabilities in the classroom. Examples of the contents of this module include:

- Types of impairments and barriers to learning and participation.
- How teachers can support learners with disabilities to use assistive devices at school.
- Teaching methods to improve communication in the classroom.
- Teaching methods for mathematics, reading, writing and physical education.
- How to develop low-cost teaching aids and materials from locally sourced materials.

To ensure this module was easily understood and ensure transfer of skills to the teachers, the TA developed case studies, stories and PowerPoint presentations and used a variety of visual aids as part of a trainer toolkit to be used during the training sessions. A similar model of cascade training was used as with the CBR module to develop trainers from the IEC, PESS and DESB staff. Subsequently, DESB and PESS lead implementation of IEP workshops for teachers in 51 schools with support from the RtL project. The training team received a trainer toolkit, and teachers received a 'Disability Awareness Flipbook' tool and basic stationery to make teaching aids for the classroom.

The evaluation highlighted two challenges regarding training workshops: Firstly, for both modules, the PESS and DESB reported that the ToT workshop was too short to allow them to fully assimilate all its content. This was compounded by the workshop being conducted in English and translated into Lao. KIIs have revealed that in these instances, the time taken for translation limited the time available for trainers to practice and assimilate the contents of the workshop. The second challenge, specific only to the IEP module, was that the roll-out of ToT was conducted close to the end of the RtL project, therefore not allowing the PESS and DESB staff enough time to practice and assimilate the training content before having to conduct workshops with teachers in the villages. This, as reported in the following section of the evaluation, impacted the quality of the trainings conducted by DESB and PESS, and ultimately the transfer of new knowledge and skills to the teachers and principals.

Specific DPOs received technical support from the RtL project, LDPA and AFA. As mentioned above, LDPA participated in CBR ToT workshops as active members of the training team, conducting workshops with VEDC and also receiving technical resources. While their role supported CRS' implementation of activities, it also developed their technical capacity through increased hands-on experience in

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Participants said the training of trainers workshop was too short to allow them to fully assimilate all its content. This was compounded by it being conducted in English and translated into Lao, which reduced the time available.



the field, and expanded their opportunities to advocate for the rights of people with disabilities at the provincial level. The Association for Autism, received support on organizational management. This included provision of equipment and capacity-building activities, with CRS national staff supporting the development of procurement, finance and administrative skills within the organization.

Since CRS worked closely with a variety of stakeholders (CMR, LDPA, and AFA), this increased exposure and collaboration between these stakeholders and the relevant departments of the MoES while increasing the quality of capacity development. This also contributed to improved coordination with other INGOs implementing projects in the disability sector.

3.2 CAPACITY DEVELOPMENT FOR PRIMARY SCHOOL TEACHERS AND PRINCIPALS

The RtL project, at the start of its operations in Xaybouathong district, carried out classroom observations in the schools to obtain a baseline of teachers' current competencies in key areas related to inclusion of CWD. Observations of teachers indicated low levels of ability to include CWD in classroom activities—as only 12 percent of teachers had received trainings in IE—and lack of practical experience, since only 26 percent of the schools had implemented infrastructure changes to increase access for learners with disabilities. Teachers had low levels of ability in using teaching aids, but this finding was not solely limited to teaching CWD but to all students in the classroom. Observations identified learners with hearing impairments as having the highest level of difficulty in participating in lessons, while learners with physical and visual impairments demonstrated better levels of participation but experienced difficulties in staying seated or completing tasks.

The trainings provided specifically to school teachers and principals by CRS and its partners can be divided into three main modules: an initial introduction module called General IE Theory, IEM for Principals (both developed by MoES from translation of UNESCO ILFE toolkits), and the previously mentioned IEP and Teaching Methods for CWD module (developed by CRS).

Since principals in rural schools are also teachers, it is worthwhile looking at their results both separately and together. From interviews carried out by the final evaluation team, all principals and 96 percent of teachers had participated in training activities related to IE Theory: this means that 97 percent of the local schools' workforce had received this training.

Seventy-eight percent of all teachers and principals interviewed by the evaluation team indicated that they had received training on IEPs and teaching methods. This percentage increases for principals (87 percent), while it decreases for teachers (69 percent).

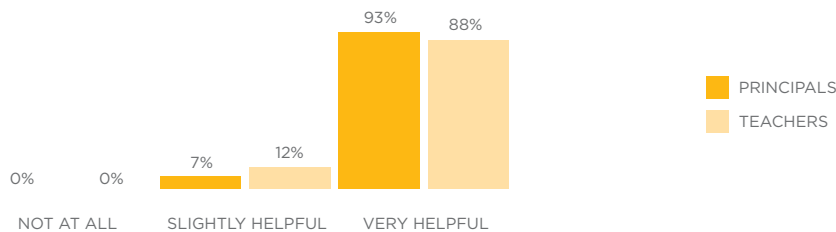
Finally, 80 percent of principals interviewed said they had received trainings concerning IEM. While these trainings were supposed to be only for principals, 12 percent of teachers said that they had also participated.



.....
Observations identified learners with hearing impairments as having the highest level of difficulty in participating in lessons, while learners with physical and visual impairments demonstrated better levels of participation but experienced difficulties in staying seated or completing tasks.
.....

When asked about the helpfulness of these trainings, the vast majority of principals (93 percent) and teachers (88 percent) indicated that they found them very helpful for improving the way they increased access to education for CWD.

Figure 3: Teachers' and principals' perceptions of trainings' helpfulness

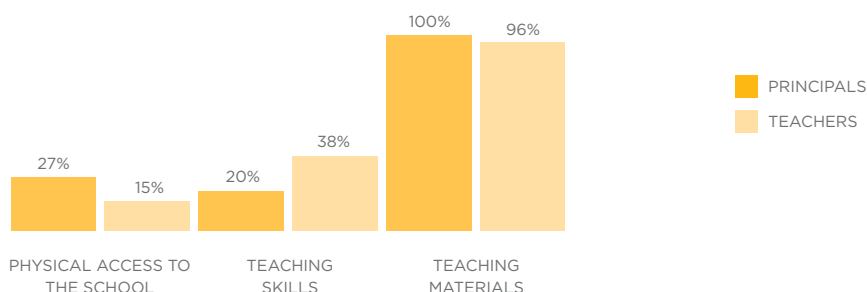


Most of the training workshops were organized during the summer school holidays (June to September) since teachers had time to complete trainings while school was closed. However, this period in Lao PDR coincides with the rainy season. Given the remote location of some of the villages, severe rains and the subsequent deterioration of road conditions, this created challenges and delays.

The RtL project determined during the baseline evaluation that the schools were not well equipped to support the needs of CWD. This included physical accessibility to schools, as well as the level of skills and teaching materials available to teachers. It was not possible to directly assess schools due to the timing of the final evaluation. Therefore, school staff members were interviewed for their opinions. While 100 percent of teachers and principals agreed that schools were still not well equipped enough to include CWD, 37 percent indicated that they had witnessed some improvements over the last two years. When asked what was needed to ensure better inclusiveness, teachers and principals indicated teaching materials as the highest priority resource still required. Different opinions were expressed on the next priority needed; principals perceived schools' lack of infrastructure to be a barrier to increased inclusion, rather than a lack of technical skills among teachers, while teachers indicated the opposite, as shown in Figure 4 below.

37%
 of teachers and principals indicated that they had witnessed some improvements over the last two years in the accessibility of teaching skills and materials

Figure 4: Teachers and principals cite improvements needed to increase IE in schools



Considering further infrastructure and accessibility at the village level, 13 of the 15 village chiefs interviewed indicated that their villages had requested small grants from the RtL project to improve the infrastructure of the schools. Six VEDC members indicated they had requested funding but had not received a grant, while two schools had not applied for funding. Discussions with DESB staff indicated that the average value of these grants was US\$200. The infrastructure improvements completed from the grant budget included building ramps to increase accessibility, improving latrine facilities and installing some locally produced inclusive playground equipment. The small-grant component of the project was implemented by CRS in both the RtL project and the LEAPS project in Savannakhet province. In both these projects, this activity has shown positive results in improving school infrastructure and in increasing the direct engagement and ownership of village authorities to improve schools in the villages because VEDCs develop grant proposals to determine their own priorities for investing in school infrastructure to support access to education. CRS project staff only assisted in guiding VEDCs in understanding what infrastructure improvements could have the largest impact on improving inclusion of all children in their schools.

92%
 of teachers found the
 Inclusive Education
 Theory module useful for
 improving their knowledge
 and skills

When reflecting on teaching skills, it is important to verify teachers' and principals' responses during the various workshops and technical content they had been trained on. The table below gives a summary of the three main modules of trainings that were provided to teachers and principals, together with their perceptions about the trainings' usefulness and their description of the contents of the trainings. All principals and 92 percent of teachers interviewed perceived the IE Theory module as useful to improving their knowledge and skills. In comparison, a lower percentage of principals and teachers perceived the IEP and IEM module useful (refer to Figure 5 for actual percentages). But this lower percentage does not necessarily reflect a lower level of perceived usefulness as fewer principals and teachers were trained in these topics. However, it appears that further training and capacity building in IEP are required.

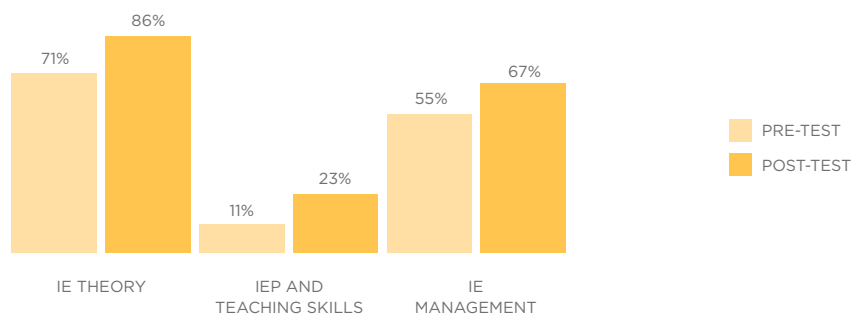
Figure 5 - Teachers' and principals' perceived usefulness of training components

Module	Agreed or strongly agreed usefulness	Training content listed by teachers and principals
IE Theory	100% of principals 92% of teachers	General description of types of disabilities and how they affect access to education. How to help children use assistive devices in education. How to make and use visual aids. How to organize the classroom to include CWD (i.e. seating).
IEP	87% of principals 62% of teachers	How to organize the classroom to include CWD. How to plan lessons.
IEM	80% of principals 19% of teachers	Increase understanding of how to support CWD within the school and the community. School administration to expand inclusiveness. How to change other students' behavior towards CWD. How to support other teachers in IE.

To verify the reliability of these findings, the data was triangulated with pre- and post-test training results from CRS databases. Figure 6 indicates that across all three modules, workshop participants increased their knowledge. Teachers' and principals' test scores in IE Theory increased from an average pre-test result of 71 percent to a post-test result of 86 percent. Overall, 97 percent of workshop participants demonstrated average to very good knowledge⁶ on the IE Theory in the post-test. A different outcome was seen with the IEP and teaching methods module; while scores increased when comparing pre- and post-test results, the results show that an average workshop participant's post-test scores were still low at 23 percent. This confirmed that teachers and principals found it harder to assimilate the content of this training during the workshop. Intermediate results from IEM trainings indicate that average test scores increased from 55 percent (pre-test) to 67 percent (post-test). It is noteworthy that different testing methods were used during workshops, which may have had an impact on the interpretation of the aforementioned results. IE Theory and IEM used multiple-choice questions, while the IEP used open-ended questions. When asked to comment on the implementation of IEP in schools, the main challenge identified by teachers and principals was the difficulty in filling out the IEP form and its associated time constraints. This led to them not using it. The IEP training was completed in late April at the end of the school year, prior to school examinations being administered by teachers. The schools close during the summer period, which supports the teachers' responses about time constraints.

97%
 of workshop participants demonstrated average to very good knowledge on the IE Theory in the post-test

Figure 6: Teachers' and principals' pre- and post-training test scores (CRS pre- and post-training tests)



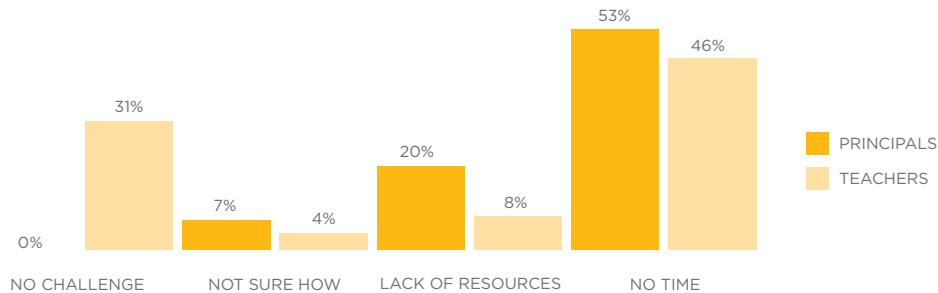
The following results were found when exploring VEDC perceptions of teachers' capacity to include CWD. Of 15 VEDC members interviewed by the evaluation team, 13 agreed that teachers' knowledge of IE had increased. During FGDs, VEDC members repeatedly returned to one specific topic: that teachers were committed to and engaged in developing IE skills, but lacked textbooks, teaching materials and other specialized equipment to support CWD in the classroom.

In addition, 23 of 26 teachers and 12 of 15 principals reported they had been making teaching aids to use in their classrooms. Most frequently reported types included chopsticks and stones for counting, and pictures and flash cards to support children with hearing impairments. Other teaching aids and methods mentioned were the use of rulers and writing in large letters on the chalkboard. Some 46 percent of teachers and 53 percent of principals said they found it challenging to

6. Note: Over 60 percent of correct answers in post-training test.

make teaching aids because of time constraints, while 20 percent of principals and 8 percent of teachers cited limited resource availability as a challenge, despite CRS providing some resources during the IEP workshops for the making of teaching aids. Figure 7 provides results on the barriers to making teaching aids.

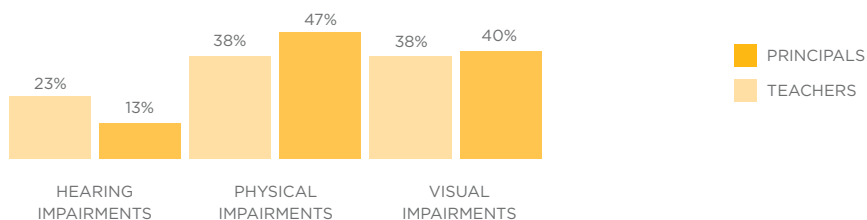
Figure 7: Teachers' and principals' perceptions of barriers to making teaching aids



Teachers and principals were asked 'which type of impairment represented the hardest challenge when including CWD in the classroom?' Figure 8 provides information on what teachers perceived as the most difficult type of impairment to support in the classroom. Teachers agreed that children with hearing impairments were the easiest to include as they could utilize supplementary teaching aids and methods such as pictures and body language to support learners' understanding and communication in the classroom. On the other hand, teachers felt they had the most challenge including children with physical impairments at school, for example children with multiple, complex physical impairments (for example partial or total paralysis) as it would be difficult for the children to travel to school. Teachers reported they also found it hard to teach children with visual impairments since they needed more support during activities.

74%
 of children with disabilities interviewed indicated that teachers were kind to them, while only 11 percent reported the opposite

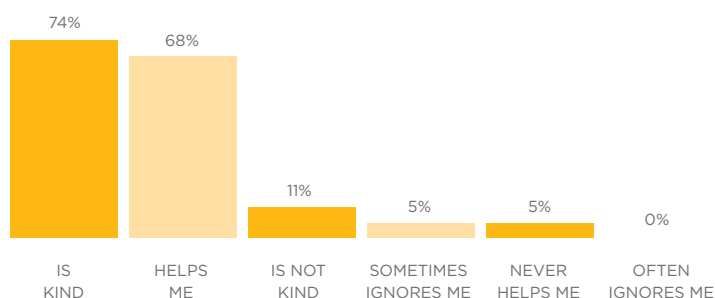
Figure 8: Teachers and principles rate challenges to supporting CWD in the classroom by impairment type



CWD were interviewed and asked to share their opinions on the quality of support and teaching they had received from their teachers. The majority (74 percent) indicated that teachers were kind to them, while 11 percent reported the opposite. Sixty-eight percent indicated they had received help from teachers in class. Five percent reported being ignored at times and five percent said teachers never helped them.⁷

7. Note: The validity of the responses from children when providing feedback about teachers may have been influenced by the presence of adults during the interviews.

Figure 9: Children with disabilities' feedback on teacher assistance



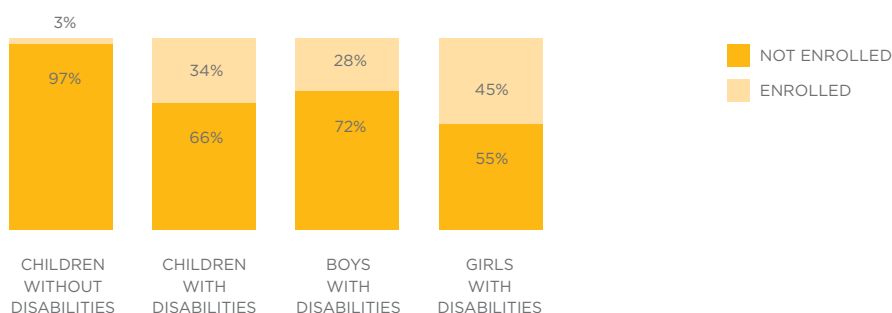
When asked how teachers helped, CWD reported that teachers helped them read (79 percent), helped them write (63 percent), and took time to explain lessons more clearly (53 percent).

Attendance and enrolment of children with disabilities

Of the 29 school-age children⁸ interviewed during the final evaluation, 19 (66 percent) were enrolled at school; boys with disabilities accounted for 62 percent and girls, 38 percent. This was a 9 percent increase from the baseline enrolment data (57 percent). Clear gender disparities were seen when examining the number of boys and girls not going to school. Some 45 percent (5 of 11) of girls with disabilities were not going to school, compared to 28 percent (5 of 18) boys with disabilities. UNDP reported that the national average enrolment of CWD was 4 percent⁹. The current government target¹⁰ is to have 30 percent of CWD enrolled at the basic education level. Therefore, the enrolment rate of 66 percent in Xaybouathong District was a significant positive outcome.

.....
Clear gender disparities were seen when examining the number of boys and girls not going to school.

Figure 10: Enrolment rate of children in Xaybouathong district (interviews with CWD, parents, and children without disabilities)



When disaggregating data by type of impairment (Table 8), children with hearing impairment reported the highest frequency of enrolment (75 percent) compared with children with physical impairments (70 percent) and visual impairments (55 percent).

8. CWD aged 6 to 18 were considered in this calculation
 9. UNDP, Country Analysis Report: Lao PDR, 2012–2015
 10. ESDP 2011–2015 and the National IE Strategy and Action Plan 2011–2015

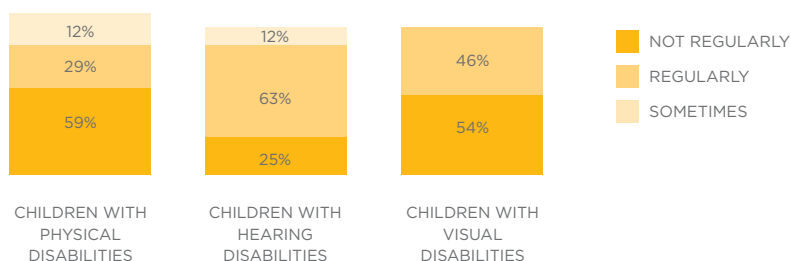
Table 8 - Children with disabilities' school enrolment by disability (interviews with CWD and parents)

Impairment	Not enrolled	Enrolled
Visual	45%	55%
Hearing	25%	75%
Physical	30%	70%
Average	33%	67%

In the absence of school attendance records, parents provided data during interviews on how regularly their children attended school. Some 59 percent of children with physical impairments, 54 percent with visual impairments, and 25 percent with hearing impairments were not attending school regularly. These results appear to correlate with the feedback from teachers that children with physical impairments found it the most difficult to access school. It appears from the results that children with hearing impairments found school easier.

.....
Some 59 percent of children with physical impairments, 54 percent with visual impairments, and 25 percent with hearing impairments were not attending school regularly.

Figure 11: Children with disabilities' school attendance frequency (percentage of CWDs' parents' responses)



When comparing school enrolment among children with different types of assistive devices, the analysis of results found that, from the sample of children with disabilities interviewed, the following children were enrolled at school: 75 percent of children provided with hearing aids, 80 percent of children provided with tricycles, 100 percent children provided with bicycles and 55 percent children provided with glasses. One child provided with a corner chair and standing frame was not going to school correlating with teacher feedback that children with physical impairment have the most barriers to accessing education.

Table 9 - Children with disabilities' school enrolment by type of assistive device (interviews with CWD and parents)

Assistive device	Not enrolled	Enrolled	Total
Corner chair, standing frame	1	-	1
Glasses	5	6	11
Hearing aid	2	6	8
Tricycle	1	4	5
Walking frame	1	-	1
Bicycle	-	3	3
Total	10	19	29

FGD feedback from parents and VEDCs identified distance from school and road conditions as barriers to accessing education. Children's responses to why they did not want to go to school are shown in Table 10. Children not wanting to go to school was the most common reason. While this can be attributed to their young age, the fact that they all cited shyness as a problem at school would indicate that further support may be necessary to make sure children feel welcome and accepted. Unsurprisingly, school distance was cited as a problem by children with visual and physical impairments. Challenges in understanding teachers were indicated by children with visual and hearing impairments; something not mentioned by children with physical impairments. This finding is confirmed by what was reported by teachers and principals in this evaluation.

.....
Challenges in understanding teachers were indicated by children with visual and hearing impairments; something not mentioned by children with physical impairments.

Table 10 - Reasons for not going to school by disability (number of CWD respondents, male and female)

Disability	Too far			Cannot understand the teacher			Shy			I do not want to go		
	M	F	T	M	F	T	M	F	T	M	F	T
Visual	1	-	1	-	1	1	1	-	1	-	3	3
Hearing	-	-	-	1	-	1	1	-	1	1	-	1
Physical	-	1	1	-	-	-	-	1	1	-	-	-
Total	1	1	2	1	1	2	2	1	3	1	3	4

Three children not enrolled in school expressed a strong desire to go to school. Two were physically impaired and had been provided with walking frames. A third with a visual impairment said school was too far away. Two others expressed 'a little' desire to go to school. Five parents expressed similar wishes for their children.

On the other hand, all 19 CWD enrolled in school reported they *liked* going to school. Eighteen CWD liked going to school "a lot", and 74 percent of these reported they had been attending school every day. Table 11 below shows the reasons for irregular attendance. Eight parents mentioned the disability of their child as a reason, thereby highlighting the possible need for further awareness-raising activities.

Table 11 - Reasons for not going to school regularly (number of parent respondents)

Reason for non-attendance	Number of respondents
Too far	3
Too expensive	2
Cannot understand the teacher	-
Teacher is not good	-
Shy	1
Help at home	-
Disability	8

Over 80 percent of the 41 teacher and principal respondents said that, compared to the previous year, there had been an increase in enrolment of CWD in their schools.

Table 12 - Perception of enrolment increase against previous year (percentage of teachers and principal respondents)

No, enrolment did not rise	17.1%
Yes, enrolment rose	80.5%
Do not know	2.4%

The majority of respondents who answered positively to the previous question attributed this increase to village efforts towards IE (91 percent), activities carried out by the RtL project (88 percent), and an increase in local awareness of disabilities (73 percent).

Table 13 - Reasons for increased enrolment (percentage of teachers and principal respondents)

Village efforts	91%
RtL project	88%
Awareness	73%
Assistive devices	6%

Teachers and principals reported that they followed up on irregular attendance of children. Some 66 percent of respondents said they did so every time and another 22 percent said they did it sometimes. This finding cannot be verified by other data sources.

Table 14 - Follow-up with CWD not attending school (percentage of teacher and principal respondents)

Every time	66%
Sometimes	22%
Do not know	5%
No answer	7%

3.3 LOCAL COMMUNITIES AND INCLUSIVE VILLAGE DEVELOPMENT

During the baseline study, RtL staff carried out FGDs with community members in the villages. Key findings included community members defining disability by bodily impairment and activity restriction, frequently using negative language to describe children with disabilities, and parents experiencing negative attitudes from communities and schools (such as being laughed at, called insulting names and sometimes experiencing violence). People expressed ‘pity’ towards children with disabilities as they deemed them ‘unhelpable’. Parents of CWD and male community members felt they could maybe go to school but perceived many challenges to this.

91%

of teachers and principals attributed an increase in school enrolment among children with disabilities to village efforts towards inclusive education



Villagers at a community-based rehabilitation session simulate deafness to better understand challenges faced by people with disabilities. *Photo by Bart Verweij for CRS*

3.3.1 Local knowledge on disability

During the final evaluation, village chiefs were asked to share the numbers of CWD in their village, however this data did not match CRS' data (see Table 15). Several explanations could clarify this disparity: that village chiefs lacked clarity on what constituted a long-term impairment and were including children with other health issues, and/or a new village chief had been introduced during the project period. Another explanation could be that increased awareness of disabilities had led to more families coming forward, thus the number of known CWD rose as knowledge increased. This latter explanation is the most plausible as it can be supported by anecdotal evidence, since during the project, new, previously unidentified children with disabilities were found by the village chiefs and brought to the attention of the DESB and RtL field staff.

.....
There was some degree of consensus from multiple stakeholders that communities' attitudes and behaviors towards disability had changed as a result of the project's activities.

Table 15 - Number of CWD according to CRS and village chiefs

	Number of CWD according to CRS	Number CWD according to village chiefs¹¹	Difference
Dongnakham	4	6	2
Kengmeun	4	5	1
Khoksawang	2	4	2
Koudnamsai	1	5	4
Nakhamchuang	1	5	4
Naluang	2	6	4
Namakmy	1	4	3
Napakha	5	5	0
Naphao	2	11	9
Nongthat	2	7	5
Pakuay Thong	3	4	1
Phakhath	4	11	7
Phonkham	2	8	6
Phonsa Ath	2	0	-2
Phonsavanh	2	4	2
Total	37	85	48

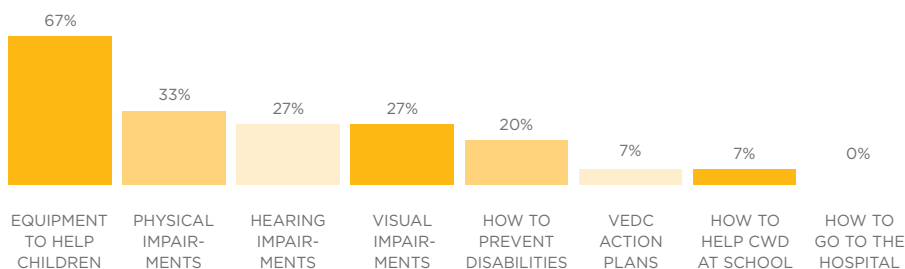
The initial findings of the baseline study by CRS indicated that communities featured a degree of marginalization and exclusion of people with disabilities. At the final evaluation, there was some degree of consensus from multiple stakeholders that communities' attitudes and behaviors towards disability had changed as a result of the project's activities.

All village chiefs indicated receiving trainings from CRS and the DESB on topics related to supporting disabilities. Figure 12 shows the contents of trainings reported by village chiefs. Most (67 percent) indicated that the training covered types of equipment to support

11. Note: This only includes village chiefs' estimations of visual, hearing, and physical impairments, and excludes other types of disabilities.

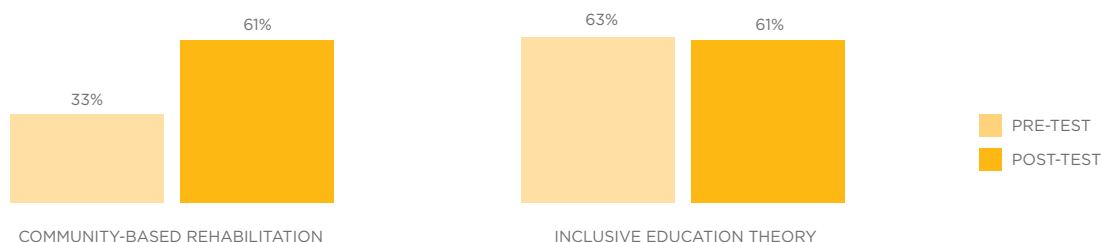
CWD, while others cited the three types of disabilities covered by the project (physical impairments, 33 percent, visual and hearing impairments, 27 percent respectively). Only 20 percent mentioned information on how to prevent disabilities, 7 percent on VEDC action plans, and 7 percent on how to support CWD at school. Village chiefs described themselves as the main point of contact for families of CWD; most said they were actively investigating the circumstances of CWD by talking directly to families and neighbors.

Figure 12: Training content recalled by village chiefs (percentage of responses)



While the average test scores of VEDC members who received CBR training improved from 33 percent to 61 percent, the result is quite different for VEDC members receiving IE Theory trainings. While the pre-test scores were 63 percent on average, post-test scores decreased by 2 percentage points. The training methodologies of CBR and IE theory were very different; CBR used mainly participatory training methods with visual aids and other tools to facilitate learning while IE Theory predominantly used group lectures and limited group discussion. Therefore, it could be concluded that the mode of training delivery to VEDCs should be carefully planned to ensure they assimilate knowledge during workshops.

Figure 13: Village Education Development Committee members' pre- and post-training scores



All village chiefs and 13 of 15 VEDC members interviewed reported carrying out additional information-sharing sessions in the villages on the topics they had covered in trainings. The number of information-sharing sessions varied with at least one event in every village, as expected and monitored by CRS. However, some villages reported bi-annual and monthly sessions. Topics included in these events were descriptions of different types of impairments, challenges in the village, and how to support and treat people with disabilities and their families. Some 63 percent of parents interviewed with non-disabled children indicated they had participated in these events. Most frequently reported topics by parents included learning how not to make a child with a disability feel ashamed, and how not to discriminate against them.

63%

of parents with non-disabled children indicated they had participated in village information-sharing events



This child can now hear her teacher thanks to a hearing aid provided by the Right to Learn project. *Photo by Bart Verweij for CRS*

3.3.2 Behavior change and supporting families

According to 88 percent of teachers and principals interviewed, the last few years had seen an important change in the ideas and behavior around disabilities. They attributed this to increased knowledge and awareness throughout the village during information-sharing meetings, trainings and workshops. Village chiefs, VEDC members and teachers all agreed that thanks to the actions of the project, the caregivers of CWD had become more open about children with disabilities within their families. In all villages, respondents indicated that households were willing to approach teachers and village chiefs to ask for advice. The one exception was the village of Koudnamsai where it was reported that families hid CWD out of embarrassment.

When exploring the issue of stigma and discrimination with CWD, 35 percent said they had no issues when participating in village life. However, 50 percent said they were too shy, 35 percent said they were teased (name calling), and 12 percent said people in the village laughed at them. One child said his parents forbade him from leaving the house.

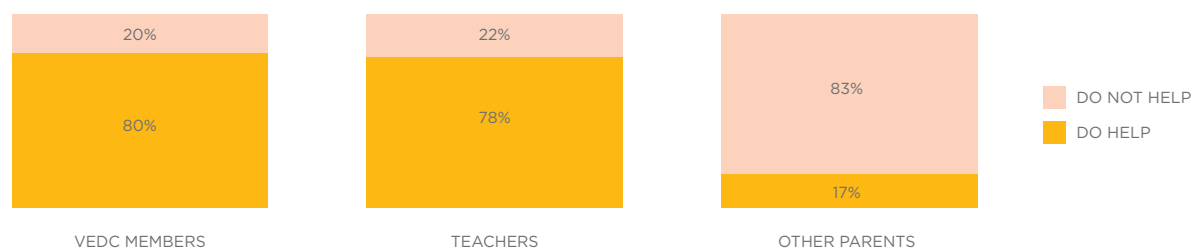
Some 93 percent of VEDC members reported that families of CWD were able to take care of their children, with 100 percent of village chiefs agreeing this was true most of the time, while 83 percent of teachers and principals also agreed. This data suggests that families are caring and attentive to CWD on a daily basis, but health issues

.....
Households were willing to approach teachers and village chiefs to ask for advice on children with disabilities.
.....

do arise requiring access to specialist services that families cannot address in the district.

Some 80 percent of VEDC members reported that families with non-disabled children helped families with CWD where they could. While they might not have been able to help directly with the needs of the CWD, they were reported to have helped the parents by sharing workloads (i.e. in the fields). Moreover, 78 percent of teachers agreed, specifying that they supported families by offering to help with transportation or labor. However, these findings were contradicted in interviews with parents of non-disabled children, with 83 percent saying they had never helped a family with a disabled child because the family did not ask for help or they had not felt competent enough to offer help.

Figure 14: Village Education Development Committee members', teachers' and other parents' perception of support for CWDs' families



3.3.3 Participation of children with disabilities at school and in the village

Parents of non-disabled children expressed a variety of opinions regarding CWD participation at school and in the village. Some 57 percent of parents agreed or strongly agreed that their children and CWD should go to school together. Another 17 percent were neutral, but 20 percent disagreed, saying classes would be less efficient if their children were together. This opinion was also expressed by VEDC members in FGD but they believed there was no reason why non-disabled and disabled children could not be friends. Some 94 percent of parents said their child had a friend with some type of impairment. Similarly, according to the village chief, non-disabled and disabled children seemed to have social relationships.

Non-disabled children were asked to share their opinion on children with disabilities. Some 59 percent said they would be happy to play with CWD, however 45 percent of these children said they did not play with CWD despite being happy to do so. Two main reasons included that the child's impairment made it difficult for them to play or they just did not want to play with them. Meanwhile, 97 percent of CWD said they played with friends. Eighty-seven percent of children with hearing impairments said they played 'a lot' with friends, but children with physical or visual impairments reported they played less with friends.

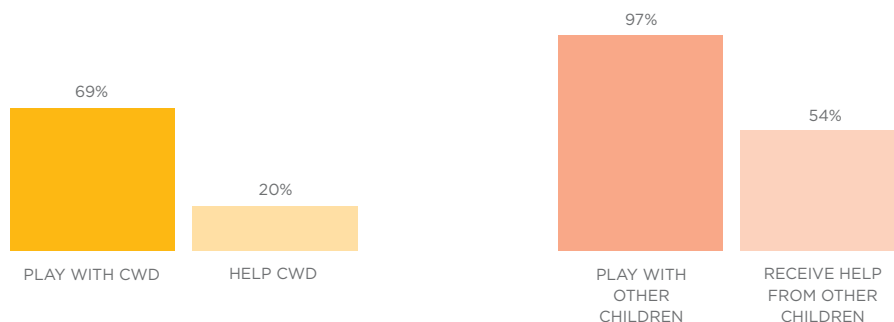
Some 80 percent of non-disabled children said they did not help CWD at school, while 54 percent of CWD reported that peers followed the teacher's instructions to help them participate in class; results on peer support varied according to the activity and type of impairment (see Figure 15 for further information).



Distribution of assistive devices.
Photo by Bart Verweij for CRS

94%
of parents said their child had a friend with some type of impairment

Figure 15: Children without disabilities' perceived support of CWD (left) and CWDs' perceived interactions with other children (right)



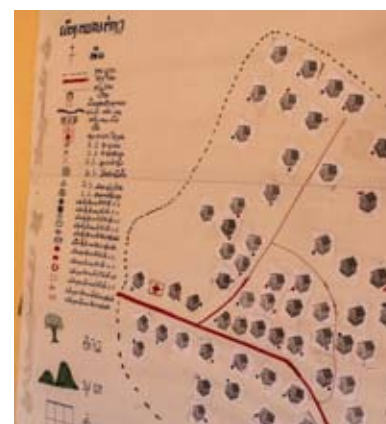
3.4 ACCESS TO SPECIALIST MEDICAL AND REHABILITATION SERVICES FOR CHILDREN WITH DISABILITIES

Various stakeholders raised issues related to medical screening and assistive devices. Although there are MOH health centers at the village level (a center for 5 to 8 villages) offering screening for children, they reported families frequently could not afford appropriate medical care or access assistive devices to help their child. Some MOH projects supported poorer households to access subsidies of up to 50 percent to buy assistive devices, but many families were unaware of this benefit or the subsidy was insufficient for enabling them to buy the device.

3.4.1. Medical screening

The RtL project performed community mapping in 40 villages to identify which children needed the projects' support. The mapping identified 211¹² (87 girls and 124 boys) children with a "suspected impairment". Of these, 179 received medical screenings with the support of doctors / rehabilitation specialists from Khammouane Hospital (vision screening) and CMR (hearing and mobility screening). As awareness increased in villages, more families came forward, resulting in another 216 children being identified with suspected impairments. A total of 384 medical assessments were completed during the 2-year project. During community mapping, some children were identified with suspected cognitive impairment but, due to a lack of services, further specialized screening was not available to evaluate their needs.

Some 112 children were identified with long-term impairments during the first and second round of medical screenings. This represented 1.2 percent of the total district population of children aged 0-14 years and included hearing, visual and physical impairments. Following confirmation of the diagnosis, medical staff prescribed medical interventions and rehabilitation equipment needed to support the child. The results included 69 children (62 percent) requiring assistive devices, 23 children (21 percent) needing corrective surgery and 20 children (17 percent) needing other specialist services (support with braille and sign language). Some 94 percent of parents interviewed indicated that they understood the results of the screenings their children had received and felt the information shared by the doctor was useful.



Community mapping.
Photo by Tom Chaves for CRS

.....
The project performed community mapping in 40 villages to identify which children needed the projects' support.

12. Source: CRS, RtL Baseline Report

3.4.2 Provision and use of assistive devices

Table 16 provides detailed information on the types of assistive devices provided to CWD. Some children with physical impairment were given more than one device, hence 72 assistive devices being provided to 69 children.

Table 16 - Assistive devices provided by CRS

Type of device	Number of devices provided
Glasses	16
Hearing aids	15
Bicycle (2 rear wheels)	13
Walking frame	10
Bicycle	6
Wheelchair	3
Standing frame	3
Corner chair	4
Hand-propelled tricycle	2
Total	72

In interviews, 38 percent of parents and 35 percent of CWD indicated that the assistive devices were being used “sometimes”, and 32 percent of CWD and 26 percent of parents indicating that they were used almost every day. The highest frequency of use was recorded for mobility devices, with 29 percent of children using them every day and 36 percent using them almost every day.

Evidence demonstrates that community acceptance was a key enabler for the use of assistive devices. If the CWD received unwanted attention or were subject to negative comments when using devices, they were less likely use of them; especially for hearing aids.

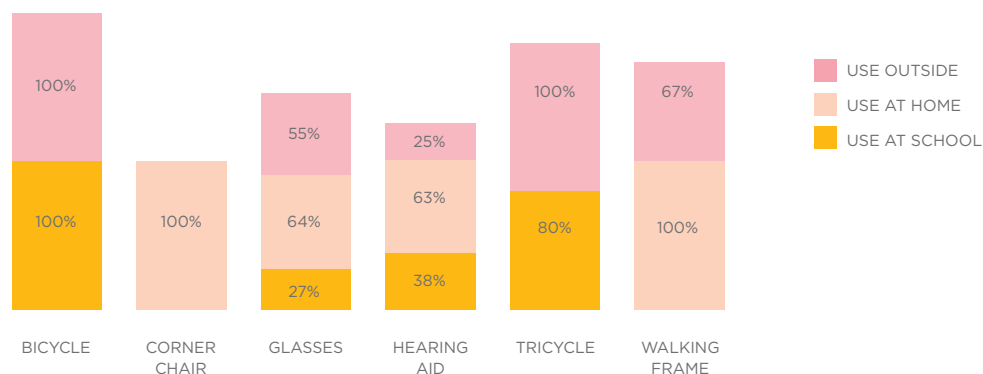
When disaggregating data by type of assistive device, frequency of use varied (Table 17). All bicycles were used almost every day and all corner chairs were being used sometimes, however, hearing aids (25 percent) and tricycles (20 percent) had the highest percentage of ‘rare’ use. One respondent provided with a walking frame had not used it at all, with the mother confirming he was now fully paralyzed and could not use the device.

Table 17 - Frequency of use by type of assistive device (percentage of CWD respondents)

		Frequency of use				
		Every day	Almost every day	Sometimes	Rarely	Never
Type of assistive device	Bicycles	-	100%	-	-	-
	Corner chairs	-	-	100%	-	-
	Glasses	-	36%	55%	9%	-
	Hearing aids	13%	25%	38%	25%	-
	Tricycles	40%	20%	20%	20%	-
	Walking frames	33%	17%	17%	17%	17%
	Averages	14%	33%	38%	12%	3%

Devices were used mostly outside (59 percent) followed by at home (56 percent) and at school (38 percent). This was corroborated by teachers and principals, of whom 32 percent reported assistive devices being used in class every day, while 46 percent said that not all CWD used their assistive devices every day in class. Walking frames and corner chairs were never used at school indicating the challenges of accessing education for children with severe physical impairment.

Figure 16: Location of assistive device use (percentage of CWD respondents)



When exploring the potential reasons for inconsistent use of assistive devices most families (38 percent) reported they had no problems. However, 26 percent of CWD said they were teased when using the device (especially tricycles, glasses, hearing aids and walking frames). Other CWD reported pain when using the device, and that devices had broken (see more information in Table 18).

Table 18 - Issues with assistive devices (percentage of CWD responses)

		No problem	Hurts to wear it	Does not help me	I do not like it	People tease me	It is broken
Type of assistive device	Bicycles	67%	-	-	-	-	33%
	Corner chairs	100%	-	-	-	-	-
	Glasses	36%	36%	-	9%	27%	-
	Hearing aids	38%	25%	-	38%	25%	-
	Tricycles	20%	-	-	20%	60%	20%
	Walking frames	33%	-	17%	-	17%	17%
Averages		49%	10%	3%	10%	22%	12%

When asked about the acceptance of assistive devices, 78 percent of teachers and principals reported that other children showed an interest in the device, but teasing and name-calling occurred in 2 percent of cases or no reaction occurred (7 percent). One doctor reported that at the start of the project children laughed at CWD when the latter were given assistive devices, and tried to touch them, but this had stopped due to the project's awareness raising. Although other stakeholders felt the acceptance of assistive devices had improved, the perspective of

the CWD is important to acknowledge since they directly experienced the problems leading them to not use the equipment. Therefore further sensitization in the community, specifically among peers, is required to ensure CWD feel comfortable using their assistive devices on a daily basis at school, outside in the village and at home.

Speaking of broken devices, teachers and principals reported that they contacted DESB to get support (60 percent), contacted the RtL project directly (17 percent) or encouraged families to fix the devices themselves (12 percent). More than half of the village chiefs said that there were some issues with assistive devices. They reported problems with broken tricycles and bicycles, which could be fixed either by the families or by local mechanics. CRS replaced some bicycles due to wear and tear from frequent use on dirt roads in the village. Other reported problems were with hearing aids; the volume being too high, the mold causing pain in the ear, or the device not working. These are common issues children and families experience when using hearing aids that require follow-up and support. However, with the lack of specialist services at the district and provincial levels it was a challenge to address these and support families effectively.

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Due to a lack of specialist services at the district and provincial levels, it was a challenge to address issues with assistive devices.
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3.4.3 Referral to other specialist health and medical services

CRS supported referral and access to surgery at provincial and national hospitals. Four girls with visual impairment had eye surgery at Khammouane Hospital, and a boy and a girl received facial surgery at Mahosot Hospital in Vientiane. Not all children requiring surgery received it as some parents did not want to go to the hospital, and for some children medical intervention was not available within Lao PDR. While limited services for learning braille and sign language are available in Vientiane, no services currently exist in Southern Laos so these children continue to have unmet needs.



CRS supported referral and access to surgery at provincial and national hospitals.
Photo by CRS staff

3.5 PROJECT IMPLEMENTATION

The CRS project cooperated with a variety of stakeholders to implement the RtL project. From direct interviews with representatives of all involved stakeholder organizations, it was clear that the RtL project had received praise for the appropriateness of its goals and activities. However, some of these key partners were able to indicate areas in which the partnership could have been more efficient.

Government partners at different levels indicated two main areas in which they would appreciate project improvements. Firstly, the Ministry of Education staff expressed a desire for better coordination of activities by RtL staff; improved planning and timeframes could allow the project to further build the DESB's capacity and increase the sustainability of the project in future. Secondly, government counterparts felt that daily subsistence allowances (DSAs) provided by the project were lower than expected.

Both DESB and LDPA staff had comments regarding the number of training tools that had been made available by the project. The DESB staff reported that the IE booklets were made available to every school but not to every teacher. Thus, providing a booklet to every teacher would be beneficial for the future. The LDPA reported they would have liked to send two training teams to the district so workshops with villages could have been completed more quickly, and that more training materials could have been available to carry out workshops concurrently in multiple locations.

When considering project implementation, CRS staff indicated that staff turnover throughout the project had created challenges and delays. The RtL field office had originally been located in Xaybouathong district, which affected retention of national staff. This was addressed by relocating the office to Thakhek, the provincial capital. Additionally, the IE technical advisor hired had to be replaced at the beginning of the project, thereby delaying the implementation of key activities, including development of capacity-building tools and staff training. This issue was later resolved and stakeholders indicated satisfaction with the level of technical expertise brought in.

M&E activities were also impacted by staff turnover and delay in project implementation. Due to the lack of an M&E expert on site, CRS was not able to implement its monitoring, evaluation, accountability and learning framework from the beginning of the project. A comprehensive baseline study was carried out in the 40 villages, which included classroom observations, FGDs with communities, interviews with CWD, medical screenings, and village mappings. While M&E data was collected systematically throughout the project, regular data analysis was not always completed, affecting the project's capacity to respond and adapt immediately to lessons learnt.

One of the positive outcomes of the RtL implementation came from its cooperation with other projects CRS implements in Lao PDR, including the LEAPS project, a large school feeding and literacy project in the Savannakhet province, bordering Khammouane. Mutual cooperation between the two projects reaped benefits over the last 2 years: the RtL project benefited from the experience of LEAPS providing small grants to schools, while LEAPS gained IE expertise from the experience in Xaybouathong district and the technical resources produced by the RtL project.

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From direct interviews with representatives of all involved stakeholder organizations, it was clear that the RtL project had received praise for the appropriateness of its goals and activities.
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IV. Sustainability

The aim of any development project is to create change that will continue once the project ends. Communities are now committed to several components of the RtL project while continued leveraging of external funding would be beneficial for other components.

One of the main areas that is likely to be sustained even after project end results from activities carried out by the TA to support the capacity of MoES staff in the field of IE. The Gender, Inclusion, and Disability technical working group continues to function with strong leadership from the IEC team with reduced technical support. The IEC team have demonstrated commitment and increased technical capacity to develop policies, strategies and technical materials, and strong technical capacity to facilitate training of trainers in IE; including CBR, IEP and techniques specifically for children with disabilities. This will hopefully lead to further capacity building of MoES staff in other provinces led by IEC and other relevant MoES departments.

The evaluation found that teachers and principals have gained new knowledge and skills, and have a level of commitment to integrate these into daily practices to improve inclusivity of schools. While this constitutes a positive result of the project, there are still a percentage of teachers that have not received trainings, and there is clearly a need for all teachers to have continued professional development through refresher and new training modules on IE to develop competent future practitioners in the classroom. At the district level, barriers to inclusion, specifically school infrastructure and availability of teaching resources, needs to be addressed to ensure sustainability.

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The evaluation found that teachers and principals have gained new knowledge and skills, and have a level of commitment to integrate these into daily practices to improve inclusivity of schools.
.....

Village chiefs have demonstrated a strong commitment to disability-inclusive village development through engagement with families and communities, and to mobilize support from VEDC. Further capacity building would strengthen opportunities for sustainable change through local village authorities and has vast potential in the future.

While the DESB has become a leader in coordinating work with village chiefs to support the needs of families and CWD, there is no technical expert on disability, which will restrict its capacity to address all issues encountered at village level in the future. Further technical capacity building for pedagogical advisors to support teachers, and sustained linkages between health, education and social welfare, are crucial to enable the needs of CWD to be met effectively.

The main challenge to sustainability stems from one of the project's core components: the provision of assistive devices. While the devices improved the quality of life of children with disabilities and their families, their continued use is not ensured. These devices can wear out or break, or children outgrow them, and neither the families nor the local authorities have the financial resources to provide new ones when necessary. Future projects should clearly focus on capacity building at the provincial and district levels, with improved linkages between community health centers, district and provincial hospitals to improve access to healthcare and assistive devices.

V. Recommendations

It is evident that the RtL project has clear successes, especially considering the 66 percent enrolment rate of CWD in target villages. However, certain areas of focus need continued work and an innovative approach to ensure sustained achievement for children with disabilities to access education.

A large number of teachers and principals have been trained and are starting to support inclusive practices in the classroom. Basic IE methodologies are in place, but teachers need additional training through refresher workshops to ensure assimilation of knowledge and skills, and the development of advanced training modules to move forward the quality and depth of IE practices used in the classroom. As the technical capacity of teachers expands, PESS and DESB will need to provide further support to ensure teachers can access the necessary teaching resources to effectively implement quality IE practices for learners with disabilities.

While enrolment rates indicate more children with disabilities were accessing education, more information is needed on repetition and dropout rates to ensure children with disabilities complete a full cycle of basic education and progress to lower secondary education. Having a clear system at the school level to track and report attendance, and thus follow up on families when children do not regularly attend is important for PESS and DESB to address. This data can provide crucial information on barriers to accessing education once the children have enrolled, and how these challenges can be addressed.

Further infrastructure improvements are required in schools to improve accessibility for all children; therefore continued provision of small grants to schools could help support them to make these essential changes, and increase opportunities, especially for children with physical impairment, as repeatedly highlighted by stakeholders during the evaluation.

Innovative approaches and solutions are needed to increase access to medical care and assistive devices for children with disabilities since the current approach implemented by CRS is not sustainable in the long term. A significant longer-term investment is needed from development partners to support the Ministry of Health to expand and improve services available at the provincial level, specifically audiology services, and make these affordable through feasible subsidies and financing for the poorest families. Monitoring of assistive devices at school needs to be integrated into working systems at the DESB, and communication should be strengthened between families, teachers and, if appropriate, village health volunteers, to ensure children with disabilities have their health needs met, thus increasing their participation and opportunities to access education. To guarantee increased and effective use and care of assistive devices by children and their families, more sensitization and education is needed at all levels: among caregivers, peers, teachers and the community.

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Basic IE methodologies are in place, but teachers need additional training through refresher workshops to ensure assimilation of knowledge and skills, and the development of advanced training modules to move forward the quality and depth of IE practices used in the classroom.
.....



Photo by CRS staff

Some of this could be integrated into CBR training, expanded orientation sessions during the handover of assistive devices, and awareness-raising sessions at the community level specifically targeting groups of children in schools. Future project activities should aim to consolidate and expand communities' knowledge on disability to remove barriers, and increase acceptance and inclusion so positive opportunities for change are augmented.

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