Report

FINAL EVALUATION

Early Childhood Development & Rehabilitation

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Contents

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Glossary

ANC:	Antenatal Care
CDC:	Child Development Clinic
CH:	Children's hospital
CBR	Community-Based Rehabilitation
CCM	Convention on Cluster Munitions
CMR	Centre for Medical Rehabilitation (formerly NRC)
COPE	Cooperative Orthotic and Prosthetic Enterprise
CWD	Children with Disabilities
CU5	Children Under 5 Years
DPO	Disabled People's Organization
ECD:	Early childhood development
FMT	Faculty of Medical Technologies
GOL	Government of Lao PDR
HI	Humanity and Inclusion
LDPA	Lao Disabled People's Association
LDWDC	Lao Disabled Women's Development Centre
LWU	Lao Women's Union
MCHC:	Mother and Child Health Centre
MLSW	Ministry of Labour and Social Welfare
MNH:	Mother & New-born Hospital
MoE	Ministry of Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
MRC	Medical Rehabilitation Centre
MRE	Mine Risk Education
MVA	Motor Vehicle Accident
NCDP	National Committee for Disabled People
NGO	Non-governmental Organization
OT	Occupational Therapy
PDR	Peoples Democratic Republic
P&O	Prosthetics and Orthotics
PT	Physical Therapy
PWD	People with Disabilities
RMNCH	Reproductive, Maternal, New-born and Child Health
TWG	Technical Working Group
UNCRPD	Convention on the Rights of Persons with Disabilities
UXO	Unexploded Ordnance
VA	Victim Assistance
WCC:	Well child clinic
WHO	World Health Organization

I. Background

Belgian Cooperation (DGD) has supported Early Childhood Development (ECD) and Rehabilitation activities in Laos since 2014, through Humanity & Inclusion (HI). Specifically, the **"Enhanced hospital based screening and early intervention for children with disabilities"** (so called ECD) project aimed to detect a range of impairments for children under 5, with the goal of providing their families support--intervention, rehabilitation plans, or social support to help the child live well in the community. While the, **"Development of a model for medical rehabilitation and improvement of quality of medical rehabilitation services"** (so called Rehab) project aimed to help persons with disability in Lao PDR become functionally more independent and fully participates in society.

Implementation of HI's projects in Lao PDR fits with these 3 pillars.

Pillar of Intervention	Strategic Goals
Prevention of Impairments	Major causes of impairments in Laos are addressed
Access to Services	Quality services are developed or strengthened to support rehabilitation and inclusion of persons with disabilities
Promotion of Rights	Local actors have gained capacities to implement the UNCRPD and other relevant conventions

The implementation of this project contributes as well to the achievement of each of the three pillars.

- Through the support of quality and sustainable physical medicine and rehabilitation services, especially for infants and children with impairments, the project contributes to the prevention of impairment and life-long disabilities.
- The project also supports the strengthening of rehabilitation and early childhood development services.
- The improved availability and quality of rehabilitation services contributes to increased functional mobility and autonomy of service users.
- For infants and children, the impact is increased school participation.
- For adults, the impact is increased autonomy to pursue economic and livelihoods opportunities as well as increased autonomy to participate in social activities in their families and communities.

This evaluation serves as the final evaluation for HI's two DGD-funded projects, ECD and Rehabilitation that ended in late March 2019.

The key project staff, project partners, and some beneficiaries have been involved in the participatory evaluation process and informed of the findings. It is expected that the final recommendations will be used to shape future ECD and Rehabilitation activities. The evaluation's findings also should inform ongoing activities of Oxfam's DGD-funded activities, ending in December 2021.

II. Objectives of the Consultancy

As according to the TOR, the evaluation addresses every result within every outcome of both the Rehabilitation and Early Childhood Development projects and follows the usual and classical REEIS thematic questions, impact being referred as the achievement for each indicator but it is focussing in these processes as results as such have been analysed and shared in the final report of the project (in English and Lao version, March 2019).

The 2 main specific objectives are:

As Outcome 1: Tertiary Maternal and Child Hospitals have increased capacities to deliver screening, referral and rehabilitation services for 0-5 years old children in Vientiane Capital.

As Outcome 2: The functional rehabilitation sector of Laos provides a better response to the needs of people with disabilities through the development of clear policies, a more efficient training system and the establishment of a dynamic management system.

The 3 main expected results are:

Result 1: The National Disability Inclusive Health and Rehabilitation Strategic Action Plan exist / are strengthened, disseminated and implemented.

Result 2: Health and rehabilitation professionals improved their skills and capabilities to care for persons with disabilities.

Result 3: Quality and sustainability of services provided by the medical rehabilitation centres are strengthened through improved management and administration policies and procedures.

The main objective of the evaluation is to inform the following issue: Relevance and Quality of Project Design, Effectiveness, Efficiency, Management, and Value for Money, Gender & Inclusion in relation with the 2 specific objectives and the 3 expected results.

III. Scope & Approach of the Consultancy

The scope of the consultancy is based on the specific activities, results and stakeholders covered by HI's DGD-funded projects. It is understood that this mission refers to **both a final evaluation** mainly with main partners and staff and **an attempt to capitalise** the lessons learnt during the project implementation in order to draft recommendations for the future projects and activities, it be or not implemented in partnership with HI.

The consultants served as external evaluators for this participatory final evaluation process using, as suggested, questions rose from existing HI tools and methods.

The senior consultant defined, submitted and validated the participatory comprehensive project evaluation methodology, validated the results collected during interviews with key informants and the 3 workshops after have read extensive reports, and finally compiled the recommendations for the report.

The consultants operated in close collaboration with HI M&E staff as capacity building. The final quality of the evaluation was the responsibility of the consultants although working under the supervision of these HI staff, the consultants ensured that **an external perspective guaranties** the validity of the findings from various project documents, data bases, and reports but also the discussions lead during participative workshops gathering HI staff, project staff and government partners.

The senior consultant worked previously on the ECD final survey "Knowledge, Attitudes and Practices Related to Inclusive Health and Rehabilitation for Children with Disabilities in Vientiane Capital" so referring also to the "New born screening report" this final evaluation was a chance to combine information from various sources and provide a comprehensive evaluation of the whole project

Part of the duty has been to trace the information, select it and sometimes bring it into discussion again for confirmation or further exploration. Expertise from the consultant was brought both in terms of animating workshops to ensure full participation and reliable data collection as well as pertinent debate and in deep data analysis in order to provide feasible and wise recommendations.

Even though the consultant team is male only, gender is a specific dimension that has been explored as such in both qualitative and quantitative perspectives, discussion referring to numerous factors or dimensions.

IV. Methodology and tools

This evaluation process relayed both on document review, interviews, short questionnaires for HI staff and 3 participative workshops.

As according to the TOR this evaluation was not supported by direct data collection and observation on the field as part of the evaluation questions could also find some elements of answer in the reports (such as for example: *how far tools are being transferred and used* - ECD KAP survey) and could be brought for discussion again.

The participatory evaluation approach was already outlined by HI and has been used recently for another project in Laos so this evaluation referred to several tools that have been created by HI and used globally including: Project Monitoring & Evaluation (PME), Planning and Monitoring Box (PMBox), Project Review toolkit, and Project Quality Framework in which consultant picked up questions to be addressed. The participatory method during the workshops was led by the consultants, with co-facilitation by HI-Laos management or technical experts. The consultants monitored and facilitated the participatory process, in order to guarantee that the evaluation is carried out reliably (HI staff left the room at some time of the evaluation during the workshop to allow government partners to provide marks at ease).

The **Final Evaluation** was organised through a several step process:

- **Internal project reviews** for the Rehabilitation and Early Childhood Development projects

The mission started with in deep reading and analysis of the various documents such as project documents, reports, statistics, evaluation, baseline survey, satisfaction survey and any other document related to the 2 projects.

A detailed list of questions was proposed in order to select what should be brought for debate during the workshops either for further discussion or strategy development and ensure an extensive coverage of all the evaluation questions.

- **Interviews with targeted HI staff**
- **Mini questionnaires for HI past or present staff involved in the projects**
- **Comprehensive projects review with HI staff**
- **Workshops leading to Comprehensive review of the processes in the projects** where HI, partners, and beneficiaries were be invited to discuss the quality of the entire action (related to REEIS).

Dynamic methodologies were employed to facilitate the workshops with HI staff and government staff. The framework of SWOT analysis process was used as a reference to organise the first session on success, weakness, risks or threats and opportunities.

Participatory exercises were conducted within small working groups as well as votes to evaluate levels (as a kind of confidential opinion pool with papers from different colours) or papers cards that can allow individual anonymous expression were also used.

A short preliminary discussion with HI staff regarding this consultation pointed that it might not be possible to have beneficiaries joining the workshop because inviting beneficiaries to join these workshops was difficult to imagine in terms of logistic and participation when facing with government staff as in the Lao context, it might be not easy for people to express what do they want to say mostly when facing authorities. It is important then to stress out that patients or user's perspectives were sought from the ECD final KAP survey, and Rehab satisfaction survey so ideas or recommendation from beneficiaries received from the two projects reports can be used to support discussion with project and government staff and collect their opinion and advices in this regards ensuring that voices of health services users are fully listened, understood and considered for this evaluation.

The method relayed **a lot on crossing ideas expressed by various persons in different positions such as staff, administration and beneficiaries and bringing them into debate.**

The whole process was concluded with specific recommendations that support the improvement of the approach of future related initiatives.

The two workshops with governments' partners went smoothly and everybody joined the discussion and expressed ideas.

V. Main results ECD

Objective 1: Relevance and Quality of Project Design

- **Compatibility with Lao government strategies/ priorities**

MoH's funding in the RMNCH sector is directly linked to the Strategic Objectives in the RMNCH Strategy at the beginning there was no ECD in the Strategic Objectives, and, therefore, no direct government funding. However, HI worked (through partners, and with UNICEF and WHO) to strengthen MoH's recognition of the value of ECD and the need to be integrated into existing strategies and documents including the Children Health Book (Result Three).

By the end of project, HI also produced an evidence report based on the new-born screening data in order to increase awareness on the number and types of babies who may not receive early identification and intervention; this document was shared and used for advocating MoH for future action on ECD.

- **Relevance to the needs of the project's partners, target groups and final beneficiaries.**

The question *"did the project meet the demands and needs?"* was very positively answered with an average of 2.6/3 (22 votes), equally for staff and administrators and 3.4/5 for HI staff (5 votes) (tables n° 1 & 2 in Annex)

Parents interviewed during the final KAP survey expressed also their satisfaction regarding **most of the health care services** that they receive in many regards, parents of the children with a disability are even more satisfied.

The project adapted well its action to the country or intervention setting (socio-cultural and historical determinants, security, logistical and regulatory constraints...) and its evolution (3.5/5 HI staff). Minors changes have been reported in order to fit better with needs and participants valued the flexibility showed in this regards. New protocols and techniques fit well into the healthcare staff daily work and activities are well-aligned with their current daily work.

The project helped also well to achieve the priorities of other stakeholders (authorities, partners, donors…) (3.8/5, HI Staff).

Objective 2: Effectiveness

- **Achievements accomplished under each result and progress in the achievement of the Specific Objectives**

The main successes (list in Annex table n°13) correspond to the expected results, they refer to Improvement of hospital and health care service provider's capacities as a result of training and capacity building for screening,: referral and children being sent to services and setting up carer's networks with better coordination. The final KAP survey also reported positive impact for CWD resulting of a better intervention with children and families.

- **Building the capacity and sustainability of local partners**

Training toward capacity building has been in various forms and setting a main activity of the project.

The implementing partners such as the Children Hospital, Mahosot Hospital and Mother and New Born Hospital have improved their capacities to deliver screening and referral as well as rehabilitation care thanks to various training and exchange with specialists from neighbouring countries.

They received tools and developed protocols and forms and some can use a health data collection system and statistics are available.

While the project had proposed to have printed materials and information uploaded to the tablets, the Mother and Child Health (MCH) centre worked on an early childhood development and new-born screening guideline/handbook to be used as a national guideline on early childhood development in Laos. The first version the guide book and referral pathways is completed, it provides a good foundation for understanding disability from the patients' perspectives, education about different kinds of impairments, the work of the youth child/ infant stimulation, printed, presented/oriented to concerned health staff in Mahosot and Mother and New born hospitals.

It is planned that this newly developed guide book for new-born screening will be a useful resource both for identifying congenital anomalies at the national level.

- **Increased collaboration and partnership between rehabilitation sector stakeholders**

Coordination and Referral system between Vientiane based hospitals and Centre of Medical Rehabilitation (CMR) on rehabilitation service is in place with adequate referral forms.

The collaboration increased as these partners developed several paths of comprehensive intervention, partners invited to the workshops thanked HI to give them the chance to be working altogether.

The integration of paediatric record book for patients so called MCH handbook or "pink book integrating ECD, nutrition and immunization messages for healthcare providers and parents was seen as a big progress.

Last is Families of children with disabilities have been involved in the activities related to disability.

During the workshop accessibility in terms of costs of services and costs of transportation were mentioned as main obstacles

Regarding Access- Affordability-Adaptability- Availability, the final KAP survey reports than some improvement are noticed but some efforts still be needed in several regards, patients or carers do not see themselves as in a position to give feed-back directly to the service providers.

The partnership between HI and stakeholders has been positively evaluated by HI staff with an average note of 4.2 (see table n°4) Similarly the partnership was also very valued by stakeholders (table n°5) in many regards with high level of satisfaction regarding the involvement such as involvement in the definition of the project including budget for activities; decision-making processes concerning the project and implementation , Monitoring & Evaluation, Ownership and responsibility of the action , Use of data health collection/information within services and project

management and participation of Final beneficiaries or users (special mechanisms, consultation, means, accountability …)

Never less some main challenges and constraints (list in annex n°15) remain and some have been poorly addressed such as screening for new born that remains limited in many hospitals and even not available in all hospitals and physiotherapy services that can't met with the all the various needs. However it was not the scope of this project to extend ECD to a national level and address all pathologies in such a short time.

Professional challenges are also related to health care service provider's lack of knowledge regarding new pathologies such as autism, speech delay or cerebral palsy and technics or tools or some tools not being use for several reasons such as for hearing tests.
Data collection instruments are reported to be limited and statistics might be not so accurate.

The KAP survey revealed that ignorance or misunderstanding of families are perceived as obstacles[1] to provide adequate care service but this issue was not raised again during the workshops.

The lack of schools that accept to receive CWD and lack of specialised centres (or their un-accessibility due to costs and distance) are mentioned as one if the main-external- constraints that affects the impact of the project on CWD's quality of Life and social insertion.

Health care service providers moving to another position after being trained is an obstacle to the sustainability of services. Staff turnover has been reported as main challenge by HI while constraints in recruitment by strict quota are also mentioned by administrators.

Main impacts of the ECD project

According to the partners, the new and main interventions resulted in a strong increase of capacity as health care service providers are getting more skilled and to relate with parents of children with a disability. On another side, parents show also increasing skills in addressing the needs of their children with disability and supporting their development in many regards.

In terms of Knowledge Management the tools, methodologies and lessons learned by the project have been appropriately documented and shared to support learning, improvement and replication of the action, so that some members of the QAT, CMR and hospital staff could be considered as trainers, they already trained medical students who come as interns and when there will be an expansion of new-born screening outside Vientiane; they should be able to train their colleagues in hospitals and health care centres.

There are some aspects of knowledge transfer/capacity building that require attention and minor adjustments will need to be made within the term of the intervention. Regarding new pathologies such as autism, medical staff sometimes feels not competent enough to establish diagnosis and propose an appropriate answer.

Screening is a very important crucial issue that had an important impact on the whole intervention with CWD and PWD.

[1] In the KAP survey main challenges were reported by health care service providers in their relation with families especially ignorance or misunderstanding of families are perceived as obstacles to provide adequate care service while relation with children is reported to be excellent.

Quality Assurance Team and use of data also issues of interest to be closely monitored toward a national extension. After the initiation of the new-born screening process, HI staff and the lead medical staff from the two hospitals organized a Quality Assurance Team (QAT) which would provide feedback and summarize findings. Towards the end of 2018, the QAT stopped meeting due to lack of time but HI technical advisor remained available for coaching. But they start to meet again in 2019, the importance of data gathering is not only collection of data but also how the information is used – who views the data, writes reports, implements action based on the data? How does screening benefit the infants being screened? It seems that the stakeholders are concerned about these issues but did not manage yet to provide adequate answer.

Objective 3: Efficiency, Management, and Value for Money

We evaluated the realism in the choice of quantity of inputs – financial, human and administrative resources (notably, was the allocated original budget justified with regard to the project activities design and their implementation.

Feasibility

According to the stakeholders the project did not have all the necessary resources to achieve its objectives.

On 31 votes the average mark is 1.6/3, showing that participants do not have a high appreciation of the sufficiency of the project especially regarding human resources for the management (13/30) but technical resources are better evaluated (24/33) and average for financial ressources (15/30) (see Table n°7 in annexes)

Efficiency according to HI staff

In contrast with an average evaluation of 3.77/5 HI staff (5) has a quite positive evaluation of the efficiency of the project according to the following answers (see table N°7)

Efficiency according to stakeholders

According to the workshop participants, however despite the constraints mentioned above, the proposed intervention methods could achieve the expected results at the lowest cost as there was an Optimal use of resources (human, financial, logistics, technical…) in terms of coordination of Key Stakeholders, promotion/Integration, infrastructure, supplies & tools (22/24, 2.75/3[2]), methods were well appropriate (Protocol, guideline, manuals, management tools, health data collection), (23/27; 2.55/3) and activities were appropriate (Technical Training & Coaching, Health Information Management, Relation with users) (25/27: 2.77/3). (see table n°10).

[2] 24 is the maximum total mark for 8 persons answering and giving a maximum of 3 points for this question and 27 when 9 persons evaluated the item

The use of WhatsApp group has been praised an initiative technology but also an effective use of resources, as phone calls and paper invitations are not much needed but also a resource that is widely shared between many parents and used between project staff and parents.

In 2018, the KOBO Collect web-based data management system was used to enter new-born screening data (on tablets) from 2 partner hospitals. As mentioned in HI report, the use of Kobo Collect has saved money and material resources, by reducing the need for printing and distributing hard copies of the new-born screening form and staff recognised that it was a stimulating modern way to collect data even their use was not optimum hereafter.

Objective 4: Sustainability

In order to ensure technical and management sustainability, the initial design of ECD project focussed on partners staff who will implement the project activities, partner staff fully in charge of the screening, intervention, case management, database management and etc.
Throughout the course of project, it was noticed that the partners were more independent in coordination and practice referral pathways among different hospitals.
In addition to regular follow up and coaching by HI technical staff, the partners have received different trainings and exchange visits with neighbouring countries namely Thailand, Vietnam and Cambodia focusing on new-born and early childhood careening, paediatric rehabilitation, speech therapy, peer to peer support, case management and etc. through these capacities the partner staff became more confident in continuing the project intervention after the ending of DGD funded project.

The project interventions met the identified needs of the populations in many regards not only health care providers but also CWD and their carers and this is a prerequisite for any sustainability.

The final KAP survey revealed then how parents understand well their role in stimulating the early development of children living with a disability. Parents are also very aware of their role in terms of supporting the early child development and parents of children with disability do also believe that they have to do everything for their child.

Although not optimum, the sustainability of the project has been positively evaluated by HI staff with an average of 3.36/5 and they also think that the partnership supported the sustainability of the partner's actions (3.6/5) (see Table N°20)

Stakeholders' think that the project helped strengthen internal and external capacities and build the capacities of local stakeholders to support their autonomy. 20% of answers evaluate a very good sustainability and 80% a good sustainability on issues such as the tools, **methodologies and lessons learned have been appropriately shared to support** the **improvement and the future of the** action (rather good), the project invested the **means necessary for ensuring the continuity of activities** after the project's closure (rather very good), the project significantly **reduced the vulnerability of all the beneficiaries in a sustainable**

way by increase their response capacity (rather good) and the actions implemented during this project are **effectively sustainable** (good only). (See details on table n°17).

The workshop being organized 6 months after the closure of the project it was an excellent opportunity to find out **what is remaining after the closure of the project and what could not remain?**

The group was divided in 2 sub-groups: administrators and managers and technical staff.

Table Analysis of Sustainability for ECD

Institutional sustainability (from Managers and administrators perspective)		
What goes on	**What stopped**	**Comments**
- Coordination to continually design, implement, monitor and review the rehabilitation sector policy, strategies and activities with MoH - Screening test within 5 central hospitals, 1 provincial hospitals and 2 district hospitals. - Screen, connect refer follow up and receive new cases from many districts and provinces. - Referral system continues to increase an access to REHAB services. - Home visit is carried out regularly for follow-up progress and further information. - Data entry is constantly ongoing. - Data has been used by different authors for research purposes (researchers…) - 2 students of social workers are volunteering at hospital. - More time and more training sessions are planned for different provinces, loaded some documents on internet translated in Lao language for staff to use when go to province - One more manual from Thailand is finalized and to be used in all the country to be printed and used in central hospitals and then in 5 years national coverage for all Cu5	The frequency of home visits is reduced to budget limitations Peer-to-peer group stopped because of lack of budget to continue and support the activities. Once the internship is finished there will not be social workers Volunteering is interesting but there will not be any recruitment	Few activities could not continue but CH made plan and give some fund for team to continue work On average 200-300 cases/month or 20-30 cases/day. Number of clients is increasing and so our intervention can be considered as a good model. Budget approval for staff to receive 100.000 LAK/month to charge their telephone balance to contact and do follow-up the patients. Sometimes, data entry in the system is a bit late, however, the collected data is finalised every month CH will set a priority emergency centre for Child Development, training for provincial staff
Financial sustainability		
What goes on	**What stopped**	**Comments**
- Budgeting with MoH is still in the process to continue for ECD 5 years' activities. - Integrated ECD in 5 years' strategic plan for hospitals. - Technical trainings (e.g, child development) have already been budgeted for CH, MCG, Hospital and CMR	- Few activities stopped and cannot continue because of lack of budget.	- Home visit activity should be organised 2 times/month instead of 4 times/month - We can have sustainability because ECD is in MCH policy and 5 years strategy
Technical sustainability		
What goes on	**What stopped**	**Comments**

- Staff takes regular responsibility for evaluating, screening and diagnosing patients. - Home visit still takes place on a regular basis. - Networking with parents on WhatsApp and in relation with experts (Dr Sengthip:HI and in Kon Kaen) - A range of material is being used to encourage child with speech delays to speak. - Some pink books printed and staff trained - Pictures are being used for children with autism. - Brochures are distributed to increase community awareness of childcare. - For Orthopaedic referral to CMR as before after 2-3 visits - Database system is being used as an operational platform to collect data of the patients. (KOBO in Mahosot and MCH) - New-born babies are constantly screened and evaluated. - Training sessions for the patients' parents and also other staff on how to advice and connect with families	- Oto Acoustic Emission (hearing tests) - Some staff do not use pink books - Screening of children and use in pink book with pregnant women, where to refer them is a problem that needs to be solved with more trainings this year	By doing home visits, service can continue the activities and providing assistance on time. Premises to test is not user-friendly, and the tool inconvenient to use because it does not fit to children.

Six months after the closure of the project it is very encouraging to see that partners took their responsibilities and use their new skills to ensure the continuity of the activities, improve the intervention and even plan to extend it to province providing new trainings.
As an important recognition, the inclusion of ECD in MoH plans of action ensures financial support for these activities.

The presence of social worker for case management – even follow-up by telephone is helpful, actually the MoH does not plan to recruit social workers as this profession does not exist as such in medical facilities. The lack of social workers compromise the adherence of the families to the care path defined with medical experts.

In terms of sustainability and impact, it is very important to remind that the WhatsApp group continues being used an even expanding for communication with parents involved in peer-to-peer and parent networking activities in relation with medical services providers but sometimes it is felt that more inputs are needed from experts to answer specific questions.

Objective 5: Gender Inclusion

Gender and inclusion issues have been discussed at CMR and in hospitals that are supposed now to have one committee in charge of women specific issues such as sexual abuse or violence and sexual exploitation…

Regarding CWD, in phase with the project, there has been a consensus between health care providers that men should be more involved in caring their CWD and that should not be the duty of mothers 'only. This lead to some types of action such as asking not only mother to come to consultation but also father and as far as possible parents to come altogether or with grand- father. It was understood that the project should help the whole family to come and to understand better and share the burden of care. This action has been effective in the sense that more fathers showed and it helped also that they changed their feeling regarding their CWD, they do not need to hide them, and meeting with other families has been a great source of support for them as well.

However it was also recognised that asking men to be the one to bring children at the consultation might put additional burden to the family when man is the breadwinner and missing job would result in an additional of income that is so much needed to cover the special health and education needs of CWD.

Another issue that came into discussion with the project team and addressed in the final KAP survey is the fact that in relation to outcome one, the initial phase of project identified a disparity in the number of boys and girls receiving early childhood development services from the Children's Hospital's Child Development Clinic. Investigation lead by the service and during the survey does not allow to conclude that it is because families would take better care of boys than girls even though it can't be totally excluded but may be one should consider also epidemiologic figures as for example autism much more males than female are diagnosed in communities based surveys that should not present a bias in terms of representation.

Partners have been informed about main issues regarding Child protection; Protection from sexual exploitation and abuse; Disability, gender and age...) and discussed Code of conduct as part of a national process that resulted in some hospitals such as Mahosot having one unit[3] is in charge of sexual abuse and working with parents, but participant recognised it as a very weak process that sometimes leads to suicide for children. At the Child Hospital one team works on children and women rights if some abuse is suspected there is investigation and there is a process to work with carers. CMR received training on disability rights. All the organisations reported to have set up a committee to answer these issues but it was never seen in CMR for example.

It seems that HI project input in this regards are not clearly demonstrated while for example CWD are vulnerable to various forms of abuse. On the partners side having set up committee and may be trained some staff on how to recognise and address signs of abuse is a positive point that needs to be closely monitored.

At the end of the discussion partners evaluated the strength of the project in terms of gender and inclusion 5 persons voted it was excellent and 3 good so an average of 2.25/3.

HI staff evaluation of how the dimension of gender and insertion was addressed in the project is also positive with an average of 4/5, (see Table N°19). The project communication was tailored to meet the objectives of the population it is targeting, adapting communication to each project stakeholder and proposing a project summary from the perspective of one female and one male beneficiary (4/5). The project helped to prevent any form of distinction, exclusion or restriction, including those

[3] One staff at ICU has been trained on CRC

related to gender, disability, age, sexual orientation and/or cultural/political/geographic affiliation (4.5). During the project design phase, the project addressed everyone's needs and interests in an inclusive and differentiated way (4/5). The project systematically considered the risk of negative effects and reviews any action that is seen to be harmful in any way and in the initial diagnosis and design phase, include a risk analysis of potential short and long-term negative effects for communities (3.25/5). The project applied the values promoted by Humanity & Inclusion (Humanity, Inclusion, Commitment, Integrity) and Informed project teams and partners about the need for compliance with Humanity & Inclusion institutional policies and directives (Child protection; Protection from sexual exploitation and abuse; Code of conduct; Disability, gender and age...) (4.25/5).

VI. Main results REHAB

Objective 1: Relevance and Quality of Project Design

- **Compatibility of the Rehab approaches with Lao government strategies/ priorities**

During the course of project, Ministry of Health was getting slowly more involved in the management of rehabilitation in the country especially the development of National Rehabilitation Strategy that becomes a key reference document for the future development of the rehabilitation in Laos, and the foundation for all health and rehabilitation activities under the current USAID Okard activity.

According to HI Staff (4 persons, table n°1) the project helped achieve the priorities of other stakeholders (authorities, partners, donors…) (4/5) and the activities of the project were designed and implemented in a way that is relevant to the needs of the project's partners, target groups and final beneficiaries (3.75/5). It is also notable that HI staff evaluated that the project adapted positively its action to the country or intervention setting (socio-cultural and historical determinants, security, logistical and regulatory constraints...) and its evolution (3/5)

These results are in line with evaluation lead by partners (15 persons, see table n°3 in annex) who gave a high appreciation of the relevance of the project (average 2.6/3) as meeting the demands and needs of health professionals (29/45), Of MoH and administrators (28/45) or patients (30/45).

Objective 2: Effectiveness

The project progressed well in the achievement of the Specific Objectives and the effectiveness of the CBR project has been very positively appreciated in many regards. Some changes in the level of

partnership affected CMR key partner) did not cause a major impact to project implementation and achievement of the outputs but caused some delays and frustrations.
The project was more discussed and implemented at the CMR level than the MoH itself. Despite being invited nobody from the MOH showed at the workshops. However of course from early 2018, HI worked more closely with MoH, specifically the Department of Health Care and Rehabilitation to discuss and amend the national rehabilitation strategy contributing to the capacity building and sustainability regarding policy development.

As related in the final report from the beginning of 2017 to the end of 2018, the transition of responsibility for the management of rehabilitation shifted from CMR to Ministry of Health (MoH). Notably, the Department of Healthcare (DHC) in MoH had changed its name by the beginning of 2018 and the department officially named the Department of Healthcare and Rehabilitation (DHR). This process to the necessity of building new types of relation between various departments in the MOH as well as between MOH and CMR, the consultant could not discuss this issue directly with the main actors but it seems that this process of redefinition of leadership decision making and expertise remains under process. However it was reported that the MOH plans to extend the number of PRC and supports the enhancement of physiotherapists' knowledge and skills through Continuing Professional Development (CPD) and professional exchanges thanks to a new PT Professional Network that is under building.

The project effectively worked to build the capacity and sustainability of local partners through improved management and administration policies and procedures.
The achievements accomplished under each result especially in terms of capacity building of Health and rehabilitation professionals and quality of services to care for persons with disabilities contributed towards achievement of the specific objective.
The partners acknowledged having received capacity building on continuous professional development which will be the fundamental for rehabilitation development in the future as well as the capability of assessing and improving the quality of rehabilitation services which will, therefore, have a positive impact on the quality of services that people with disabilities and other rehabilitation services users will be receiving beyond the ending of DGD funding.

Th**e project led to increased collaboration and partnership between rehabilitation sector stakeholders**
Partners were invited to discuss and evaluate different aspects of the partnership in 2 sub-groups. Management and administration staff explained that they could have an excellent ownership and responsibility taking, they could be well involved in the definition of activities and their M&E but less satisfactory was the decision making process because of time management and budget issues that created severe constraints in the implementation of activities (see table n°6).

For the technical staff cooperation was satisfactory resulting in good achievements in many regards such as complementarity between various project, services and structures, use of data health collection/information within services and project management and participation of Final beneficiaries or users (special mechanisms, consultation, means, accountability …)

According to the HI staff (see table n°4), the stakeholders participation is quite good with an average of the activities of the project were designed and implemented in a way that is relevant to the needs of the project's partners, target groups and final beneficiaries and the partnership has been positively evaluated (4.5/5) the partnership was equitable and correctly monitored (4), the capacity building plan was useful for the partner and responding to clear objectives (4.25/5), partners showed interest and influenced the project (4.25) but their contribution and global involvement was a bit less valued (3/5).
The workshop revealed an increased cooperation between CMR and PRC as well as between CMR and various hospital especially regarding children and new born.

The CMR took the responsibility of ensuring continuing improvement of the quality and sustainability of rehabilitation services under its management in Vientiane capital and provincial centres through the implementation of the Rehabilitation Management System.

Main successes and weaknesses are listed in annex (table n°13).

Staff capacity building and referral system ensured that well referred patients have access to good services with improved quality and their satisfaction is just also increasing. Patients are more confident and willing to use services and people in the community have a better understanding about CMR work.

Rehabilitation tools were provided but they do not fit always with the needs in terms of number of appropriateness.

One administrator declared: *"Sometimes HI bought materials and did not consider what was needed, we need to have freedom and consider the real needs with each centre".*

Thanks to health insurance more patients are showing at rehabilitation centres, putting stress on number of equipment and staff and some costly tools could not be bought with the constrained budget so the services could not improve as much as they wished (Savannakhet and Champasak).

Using the RMS tool, the centres ensure good Policy management and working process so Management, planning and data analysis, all the three sectors are working well. RMS is based on 55 indicators related to management satisfaction of users, finances, equipment but it is different from the government indicators and it still need to be validated by the MoH to become a national tool.

The partners established a committee who is responsible for coordinating the future of the project and a PT networks across Vientiane Capital with trainers of physical therapists who had enhanced their capacities and integrated network with neighbouring PT in Thailand, Cambodia, and Vietnam…

The main weaknesses or limitations are related to the insufficiency of tools and materials for Medical Rehabilitation, and the following up and referral of the disabled patients is not so effective because rehabilitation services are not covering all the provinces, infrastructure development and materials are limited and for economic reasons access to health services for disabled people is not widespread.

CMR staff in different centres could not achieve all the indicators due to limited time for different activities. PT networks have not established protocols and agreements so the PT association is not set-up yet as the Physical therapist networks has not been officially approved.

Continuity and coherence of staff training is a concerning while translation from international experts sometimes raised problems.

Last some PRC face problems in terms of facilities or building such as toilets, dormitory, therapy room that were out of the scope of this project and could not be properly addressed.

Objective 3: Efficiency, Management, and Value for Money

The partners valued the efficiency and the realism in the choice of quantity of inputs – financial, human and administrative resources.

In terms of finances as the 3 months extension approved by the BTC could not be fully implemented the budget could not be completely spent and about 7% are due to be returned. It does not mean that finances fitted exactly with the needs, partners explained the need of costly materials for screening or for surgery and rehabilitation purpose that the budget of the project could not afford to buy or also the need for more infrastructures such as buildings that could not be answered by the project.

In terms of human resources, stakeholders mentioned that despite intensive training activities all along the project, the lack of human resources is a constraint that limited the impact of the project especially in terms of technical skills to address some deficiencies such as autism, language development, troubles of behaviour.

In terms of administrative resources
The project introduced the RMS tool that proved to be extremely useful and might be used at national level.

In terms of technical or materials resources some constraints were reported on both projects such as tools that could not be used as not fitting with the needs or needing some maintenance

"After training we need some tools and we can't get so the trainings do not have the expected results" (M, Physiotherapist).

According to the HI rehab staff (4) the efficiency is very good (Mark 4/5) in most of the regards such as the choice and quantity of inputs, the cost effectiveness of the project in its overall design and implementation, the necessary resources to achieve the objectives and the use made of it as well as the appropriateness of the methods in relation to the expected results. (See table N°7)

Partners were very much involved in planning and implementation as well as human resources, finances, logistic, it was a main focus, however HI staff wished that there is a technical coordinator for each of the 3 components of the project.
The government partners (13 persons voted) have an average evaluation of the efficiency of the project to achieve its objectives and gave a mark of 1.53/3 especially negative regarding financial resources (1.07/3) but human resources are better evaluated (1.92/3). (see table N°9)
It is regrettable that for bureaucratic reasons, not all the budget could be spent while budget constraints appear a main constraint.

At the question did the proposed intervention method achieved the expected results at the lowest cost? Optimal use of resources (human, financial, logistics, technical…) is well valued (2.25/3) appropriateness of methods is more balanced or critical[4] (1.71/3) while the appropriateness of the activities is also well appreciated (2.07/3) (see table N°11).

However as well as staff turnover, HI staff mentioned the need to send staff whom profile fits with the tasks to the various training otherwise expertise is just lost and not used.

"We would like to have the ones who work really and can also advise staff, if administrator they cannot help the development of practice but management could go with technical staff at least."

Considering the achievements and the dynamic engaged and sustained by Rehab component, the project can be considered as rather cost effective in its overall design and implementation.

Objective 4: Sustainability

The applied strategy paid a lot of attention to the conditions for sustainability, which resulted in sustainable effects so the project's activities have been successfully transferred to other stakeholders in a position to continue it.
HI staff shares the idea that the partnership supported the sustainability of the partner's actions (4.25/5; see table n°16).

The workshop revealed that several activities were undergoing as planned (see below) supporting the idea that in **terms of knowledge Management, the tools, methodologies and lessons learned by the project have been appropriately documented and shared to support learning, improvement and replication of the action.**

Policy Sustainability

The DHR (MOH) is on the way to implement and support the National Rehabilitation Strategy now the working with the USAID Okard project as CMR will be of course also involved in the national

[4] Data collection system is reported as not being so effective yet and the one in charge needs more training.

rehabilitation committee, but under the restructuration of services scheme will no longer be leading the Strategy.

Institutional sustainability

The project has a significant impact in terms of building technical sustainability for the provision of quality and inclusive healthcare services but institutional strengthening resulted off the provision of necessary equipment and materials, handed over to the partners, as well as through ongoing coaching and modelling of good practices in transparent, participatory and accountable management practices as well as bringing various institutions to work altogether sharing similar objectives.
Regarding the PT network, FMT and CMR have been keen to co-facilitate the meeting and with continued and formalized this group with additional meetings in 2019 (after the end of the project).

Financial sustainability
The challenge for implementation of the National Strata has been the financial support allocation to different specific objectives and actions taken at a Ministry level. At least, related to Result 2 (capacity building of rehabilitation workforce), the MoH, including DHR and CMR, should continue activities related to rehabilitation workforce strengthening beyond 2018 through the USAID Okard project.

The project was primarily positioned to provide technical support to the existing staff and structures of the local partner organizations for both outcomes.
In fact, during the strategy development process the project had a National Rehabilitation taskforce and a finance sub-taskforce as well as the assessment of different fields such as sustainability, CBR, financial access, rehab workforce and rehab services bud HI did not conduct cost calculation. However there is a document presenting a financial assessment.

Technical sustainability

- CMR having gained the knowledge and skill from implementing the rehabilitation project remains as a technical referent in terms of implementing the Rehabilitation Management System (RMS) and plans already some training and M&E system in this regards.
- CMR and the 4 PRCs have established a committee in each Centre that played a key role in assessing and improving the rehabilitation services at their own respective centre, it is expected that this synergy will be continued for the long run.
- It is also anticipated that the MoH takes over ownership of the RMS and integrates also RMS indicators into the Quality Healthcare and Hospital Accreditation framework currently being developed by MoH.
- Regarding capacity building, while CMR already took over an important role in TOT and direct training, it is expected that Continuous Professional Development Training Centres will be established at CMR over the next 3 years.

- Unfortunatly the Faculty of Medical Technology (FMT) could not join the workshops, according to stakeholders the FMT could provide practical clinical instruction (pre-service and in-service) and more trainings are planed with funding from the MoH as well as cross border training and cooperation with partners in Thailand.

Last, regarding the inputs from the beneficiaries, CMR and the PRCs collected feedback from beneficiaries through a satisfaction survey and this initiative still continue at the time of the evaluation but a limited number of users would provide comments.

Table Analysis of Sustainability for Rehab

Policy sustainability (from Managers and administrators perspective)		
What goes on	**What stopped**	**Comments**
- National Medical Rehabilitation strategy and action is being updated. - Rehabilitation plan has been approved and included in national policy but not yet disseminated - National health insurance system covers the costs		Increase of patients thanks to Health Insurance put stress on some PRC facing then a high demand and lack of staff, tools and space
Institutional sustainability (from Managers and administrators perspective)		
What goes on	**What stopped**	**Comments**
- Coordination to continually design, implement, monitor and review the rehabilitation sector policy, strategies and activities - All databases are nationally in use. - Responsibilities are shared with one another in terms of maintaining and using tools and material. - Premises are improved with better conditions	- Some activities had not been completed. - It is suggested activities continue and expand to other provinces until March 30th e.g, Oudomxay province but MoH did not allow. - We tried to launch different activities in provinces but unfortunately, we could not do because of the lack of budget.	- Association of PT should be socially recognised soon there is now have a network with a coordinator. - Many new activities with projects but further information is needed to advertise those activities. - **Lessons learnt from practice enable us to handle range of issues. This can ensure our institutional sustainability.**
Financial sustainability		
What goes on	**What stopped**	**Comments**
- Activities are annually funded by government but not sufficient. - RMS still do it functional as usual even though there is no longer project support	- Few activities stopped and cannot continue because of lack of budget.	- Budget is received from government every year but not sufficient. - Budget is used to ensure some sustainability
Technical sustainability		
What goes on	**What stopped**	**Comments**
- All activities are still ongoing and in control. - Technical trainings are regularly delivered in		- Need in 18 provinces people to train and develop services

different provinces. - Training on project writing request for budget takes place annually. - Experts are invited to run academic exchange conferences - RMS tool and manuals are constantly used to inform the practice. - Meetings and discussions continued - Every two months and CMR goes to the provinces - CMR plays transparency: no secrets and happy to coordinate with other rehab centres while transportation and coffee breaks are fully funded. - Academic exchanges also take place every week among the team members - Technical staff is encouraged to apply new knowledge and skills they have learnt through trainings. - Satisfaction form is used every month to evaluate patients' services.		- Training should be constantly delivered across the country from the North to the South. - Centres have been improved with lots of training.

The partners reported that most of the Rehab activities are still undergoing in terms of capacity building consolidation. They coordinate to continually design, implement, monitor and review the rehabilitation sector policy, strategy and activities and especially using RMS in the PRC ensuring transparent, participatory and accountable management practices

While the PT association is not recognised as such yet, PT network ensures continuous sharing modelling of good practices and some professional exchanges sometimes unformal in Laos and other countries.

Due to the absence of staff from the MoH, it was not possible to have an idea about the plans for duplication in other provinces but already Oudomxay is targeted for imminent opening of a PRC for the northern region.

New tasks introduced by the project are part of daily work, equipment and materials are used and maintained while screening and referral are effectively operating even if facing some constraints in terms of accessibility and availability of services. Technical documents are used and data base upated and in use as well

Main government stakeholders shared a positive statement of the sustainability (see table n°18) are rather good (2.04/3) especially the tools, **methodologies and lessons learned have been appropriately shared to support** the **improvement and the future of the** action (2.23/3), the project invested the **means necessary for ensuring the continuity of activities** after the project's closure (1.9/3) so that the actions implemented during this project are seeing as **effectively sustainable (1.9/3)**

To conclude regarding Rehab project, the partners have the required capacities to take control of the intervention and continue the results (knowledge transfer/capacity strengthening) while policy, technical and financial sustainability are rather well ensured and supported by the OKARD project.

Objective 5: Gender and Inclusion

Gender was mentioned as addressed within the project in terms of staff recruitment, training and in less regards in terms of relation with patients. It seems that the gender perspective has not as in ECD project, much been thought from the users perspective as such because there was no perceived need.

Health care providers reported having teams of Females and Males and even more females than males and even also more females joined the trainings in some provinces but not all.

No training regarding gender issues was provided as such but the law regarding disability was explained.

Gender issues are discussed within the teams as witnessed several participants:

One male explained *"If we have meeting we can discuss about these gender issues, there are more females sometimes they have more rights and men must follow them!"*

"In Vientiane, we have experts already and quota, so more males or females we try to have them to be working equally."

" In our committee we had only one female but she left and only males remained and we discussed how to replace her, we choose to have admin unit to join the committee so one woman could join."

Gender equality that is promoted can be challenged by culture and in the end it is the woman (or her spouse) who might take the final decision.

"We see what is possible what we can do, and what women can do for example going to the province might be difficult for women who have young children and we can find another duty for her".

"We have quota to study abroad, we can try to have no discrimination woman can be the priority but they can choose and decide for themselves. We can see that tradition and culture of Laos might be different than the one of foreigners sometimes husband does not allow his wife to go abroad."

Regarding patients, important issues are dormitory and toilets to ensure privacy. The private issue such as choose gender for massage is also considered: "In our plan we have enough women but often patients prefer to be treated by man or woman".

Insertion is mentioned only in recruitment of PWD as doctors (in Louang Prabang)

Teams declared not having received any training on child protection but when PRC are based in hospital setting that do have committee to address sexual violence and human trafficking. It is not directly under the rehab unit but the committee should be informed and the victim referred as needed.

The Rehab partners 13 personnes evaluated positively the strength of the project in terms of gender and inclusion: 6 said it was excellent 7 it was good and 1 poor so an average of 2.35/3.

According to HI staff (4 persons, see table Gender & Inclusion °19) the gender and inclusion issues have been quite well handed (4.25/5) as the Project communication was tailored to meet the

objectives of the population it is targeting, adapting communication to each project stakeholder and proposing a project summary from the perspective of one female and one male beneficiary (4.25/5) The project helped to prevent any form of distinction, exclusion or restriction, including those related to gender, disability, age, sexual orientation and/or cultural/political/geographic affiliation (4.5/5). During the project design phase, the project addressed everyone's needs and interests in an inclusive and differentiated way (4). The project systematically considered the risk of negative effects and reviews any action that is seen to be harmful in any way. The initial diagnosis and design phase, included a risk analysis of potential short and long-term negative effects for communities (3/5). The project applied the values promoted by Humanity & Inclusion (Humanity, Inclusion, Commitment, Integrity) and Informed project teams and partners about the need for compliance with Humanity & Inclusion institutional policies and directives (Child protection; Protection from sexual exploitation and abuse; Code of conduct; Disability, gender and age...) (5/5).

However more evidence could be sought to support these assertions.

VII. Main findings: answering evaluation questions

Objective 1: Relevance and Quality of Project Design

The project approaches showed to be very compatible with Lao government strategies/ priorities and even helped the authorities to define better those strategies in various regards contributing to the expected results. Generally, the three results of the project were appropriate as they are aligned with the National Rehabilitation Strategy and WHO recommendations.

The objectives and outcomes of the project, which was initiated in 2014, were defined in collaboration with the project's partners and key stakeholders during the development of the HI Laos Country Program Strategy for the period 2012-2016 that was animated by one of the consultant (DB) through a series of workshops and consultation meetings with many participants including direct and indirect beneficiaries or service users.
Later on the expected results and objectively verifiable indicators for this specific project were defined through another series of participatory project design workshops with the project partners. The design of the project also incorporated lessons learned in the previous phase of project implementation, which have been gathered through internal evaluation and six monthly project coordination meetings.

However the Priority of MoH was not ECD or Rehab but nutrition that received douzains of millions of funding from the international community, but child development being also in some regards a consequence of malnutrition some light could be brought on ECD issues.

According to HI staff, the main problem met has been delays in implementation of activities and the plans could be delayed for 3 to 6 months because the MoH might have other partners or priorities.

It is anticipated that the revised RMNCH Strategy will now include ECD in one or two of the Strategic Objectives, and, therefore, be linked with government funding on this intervention in the

future, especially as the sub-committees have been reorganized by target population and the "well child" sub-committee now includes ECD.

Children Hospital's director reported having now a budget line for ECD and been able to recruit staff.

- **It has been unanimously reported that the activities of the project were designed and implemented in a way that is relevant to the needs of the project's partners, target groups and final beneficiaries**

Globally the project was found to be very relevant to the needs especially for technical staffs and CWD/PWD in many regards. The quality of what has been achieved is also very satisfactory in the sense that technical staff could improve their knowledge and skills, new materials/tools were introduced, and parents of CWD or P/CWD themselves accessed better quality rehabilitation services and were empowered.

"The needs expressed might vary according to the month for example dirty toilets if too many people come; so it might change but globally there is a good understanding and the partners try their best to fit the needs" (HI female staff).

Objective 2: Effectiveness

The project suffered from delays in approval of DGD funding early 2017 and delay of MOU extension process in 2018 including no extension in 2019. The process was also more complicated due to the changes and transition of responsibility between CMR to MoH regarding the responsibility of the management of rehabilitation at MoH level. It seems that the project activities could however be implemented as planned and at the very end important guidelines could be translated such as the new born technical screening one.

The good achievement of all results contributed to the achievement of the special objectives as the project has been designed with strong internal consistency and most of the expected results were reached as planned.

Result 1 : The National Disability Inclusive Health and Rehabilitation Strategic Action Plan exist / are strengthened, disseminated and implemented

- This result was not fully achieved or implemented by the end of the project in March 2019 but as mentioned above, the document drafted with the Ministry of Health "National Rehabilitation Strategy 2018-2025" exists but suffered from delays in its implementation and dissemination. In October 2019, it has been printed and disseminated.
- An important Law on People with Disabilities has been also promulgated during the project and contributes to promote the right to access rehabilitation services of quality.

Result 2: Health and rehabilitation professionals improved their skills and capabilities to care for persons with disabilities

- These results concerning capacity building and continuous professional training for PT professionals have been unanimously valued as a great achievement even if more needs should be addressed and TOT could be reinforced.

Result 3: Quality and sustainability of services provided by the medical rehabilitation centres are strengthened through improved management and administration policies and procedures.

- This final evaluation shows that quality of the various services is largely recognized, and it is partially due also to the improvement of the management, administration policies and procedures, especially the RMS package introduced or imported by HI seems to have been appropriated and it is even in the phase of being considered as a standard for the whole country after being integrated by the MOH.

The project effectively worked to build the capacity and sustainability of local partners and led to increased collaboration and partnership between rehabilitation sector stakeholders

As mentioned in the final report, participants to the workshops expressed their satisfaction concerning the progress and achievement of the specific objectives such as Tertiary Maternal and Child Hospitals have increased capacities to deliver screening, referral and rehabilitation services for 0-5 years old children in Vientiane Capital and The functional rehabilitation sector of Laos provides a better response to the needs of people with disabilities through the development of clear policies, a more efficient training system and the establishment of a dynamic management system combined with effective is not perfect referral system.

However if both projects are trying hard to put their effort in capacity building tasks , it seems that the results monitoring was not so strong to measure the result after capacity building and see how it was applied.

Objective 3: Efficiency, Management, and Value for Money

The evaluation recognizes the realism of the project in the choice of quantity of inputs – financial, human and administrative resources.

The allocated original budget was questioned by some partners as insufficient with regard to the project activities design and their implementation while in fact some unspent had to be returned to the donor.

The project proved to be cost effective in its overall design and implementation.

The partnership was positively appreciated by HI staff (7.74/10 see table n°1). In terms of complementarity, ECD and Rehab were closely linked and related to the CMR for the improvement of rehabilitation services and the strengthening the referral part ways in order to accommodate and provide best quality of rehabilitation services for P/CWD [5] and other users.

The two projects were built on a **strong synergy** for the improved technical capacity and leadership of Physical Therapists, including those working in paediatrics, due to their participation in

[5] ECD focusing on Paediatric unit and referral pathways with the three hospitals performing newborn and 0-5 screening.

Continuous Professional Development (CPD) trainings and PT network activities (funded by the Rehab project). Rehab project focused more on overall management and efficiency, as well as generalized technical trainings that beneficiated to the ECD.

It seems that the project was poorly or loosely connected with the Lao Disabled Persons Association as well as various Disabled People Organisations.

Also, we are not certain that ECD facilities are used at the maximum, if many parents are showing with their child every day; it seems that more awareness is needed so that more children can beneficiate of the medical facilities.

At the project level, a high degree of cost efficiency is achieved by building the capacities of local partners to carry out the primary interventions of the overall action. The activities of the project include support for coordination, technical training, awareness rising, and monitoring and evaluation of the existing rehabilitation sector in Laos.
It is also a main efficiency to ensure that quality services for new born and infants are integrated in all training modules in order to build the national rehabilitation workforce, and specifically physiotherapists. These trainings will be integrated into the continuous professional development strategy implemented within outcome two of the project, which will ensure that physiotherapists from the Centre of Medical Rehabilitation, provincial rehabilitation centres and other tertiary hospitals in the country will have opportunities to improve their skills in providing rehabilitation services for new-borns and infants.
It was reported that the MoH will ensure that early detection and intervention is integrated into the health system (part of the scoring during the WHO STARS Assessment and use of pink health book) reinforcing this synergies between ECD and rehabilitation (particularly within CMR's paediatric unit).

Efficiency is also the result of various initiatives:

- The project made use of modern communication tools to promote the development of a community of learning both locally and regionally.
- ECD supported the establishment of WhatsApp group for parents in relation with PT's.
- PTs in Laos are utilising communication technology to develop mentoring relationships with senior PTs in other hospitals in Laos or in Thailand.
- The project also sought to make use of innovative equipment, materials, and methods in the delivery of paediatric and early childhood development rehabilitation services including digital communication assistive devices to support language development and non-verbal communication for children.
- Improving data collection systems proved to be a key issue for health sector development and referral mechanisms, Mahosot and MCH adopted the KOBO Collect web-based data management system that was used to enter new-born screening data.
- Digitalisation of rehabilitation management systems, including case management systems, has been supported but not fully implemented.
- Participative evaluation as Committee for rehab and subcommittee evaluate the use of materials and the results of training, they talk with staff so they can see how tools are used

and collect feedback about what should be improved and what has been done or not according to the plans.

Objective 4: Sustainability

The promulgation of National Disability Inclusive Health and Rehabilitation Strategic Action Plan 2018-2025 having provision of paediatric rehabilitation services as specifically included in the overall mission statement is probably the main achievement of the project in many regards to guide the development and implementation of inclusive healthcare services beyond the life of the project. This National Rehabilitation Strategy, approved by MoH in late 2018, will continue to be implemented by MoH's DHR, ensuring the further development and sustainability and continuity of rehabilitation sector in the country.

The partners have the required capacities to take control of the intervention and continue the results (knowledge transfer/capacity strengthening/technical sustainability) and HI staff evaluated positively the partnership in terms of supporting the sustainability of the partner's actions (7.85/10 for the 2 projects).

The knowledge transfer/capacity building for the most important partners (intermediate actors/multipliers/parties involved) and/or target groups have been achieved as planned. They are competent to accept responsibility for the intervention and/or the results at the end of the intervention. The partners (intermediate actors/multipliers/parties involved) and/or the target groups have the necessary capacities to take the initiative for the intervention and/or take responsibility for the results after the intervention

In this regards, CMR explained that they have plan to train 2 provinces in North and in South and support the opening of a new PRC in Oudomxay province diffusing RMS training and tool.

It is also important to report that ECD and rehab projects attracted other INGO such as Save the Children or World Vision who are looking for developing partnerships with HI and government service to ensure that ECD is included in their own projects. The expertise accumulated during this first phase can be shared and used in other parts of the country with various publics.

The project interventions met the identified needs of the populations

The rehab project was addressing directly the needs of population as such but rather dealing with health care service providers. However targeting the quality of services means answering perfectly to the needs of the population and as such the evaluation of the service user's satisfaction shows that services were well adapted to the needs.
Parents met during the final KAP survey for the ECD project reported how for their children, early childhood development with a strong focus on rehabilitation, lead to increased school participation, which has a domino effect for the rest of their lives but some external constraints remain that are affecting this project.

The main positive results according to health care service providers are they feel better skilled to answer to the challenges for a better intervention with families, hospital and health care service provider's capacities improved and the attendance to the services increased even if more people could show.

The project's activity been successfully transferred to other stakeholders in a position to continue it even if some more technical expertise is expected regarding some pathologies or other tools needed to propose special physiotherapeutic technics. In terms of Knowledge Management, the tools, methodologies and lessons learned by the project been appropriately documented and shared to support learning, improvement and replication of the action.

With continued coordination of key local actors providing ongoing support and guidance to the local partners, the project supported the development of various technical guidance documents and the development of knowledge management and lessons learned resources to support technical sustainability of the action. Linkages with regional actors, specifically in Thailand, to develop a regional community of learning around paediatric and rehabilitation services ensured continuity to the skills reinforcement.

This evaluation shows that most of the conditions to consolidate the effects of the applied strategy also after the end of the intervention are met (e. g. participation and involvement of target groups/intermediary actors, multiplication, embedding in existing organisations, creation of a support base, integration in policy).

Evidences created by the project could be utilized to support local partners to officially request increased investment from the Government of Laos.

While the overall project is designed to achieve a sustainable milestone, the Ministry of Health and the key partners of the project will require ongoing support to continue to strengthen policy development and services delivery in order to reach international standards of policy and practice in this regards the support of the USAID OKARD project is crucial.

Objective 5: Gender Inclusion

During project implementation, gender balance is always taken into consideration and in relation to monitoring and evaluation tools also considered integrated specific gender analysis processes (always analysing % male vs. female participants, for example).

Regarding the project, partners staff involved in the project implementation included more women than men. However, gender disparities between boys and girls screened noted throughout the project life found more boys than girls (53% to 47%). HI and partners work together to ensure the family plays the equal role in child development and rehabilitation, avoiding the discrimination of family as well as health staff. During the intervention at CDC, HI and partner staff encouraged fathers to involve in the discussion, consultation and intervention instead on only mothers presenting.

The partner staff involved in the project implementation includes more males than females (typically management level staff), while the PT network (a key project activity under result two) involves more females PTs than males. Both males and females have been engaged in the group of core PT trainers, a key group in terms of Continuous Professional Development trainings and the PT network. HI's female international Health & Rehabilitation Technical Coordinator for this project worked closely to support the female PT trainers, so that they were equally involved in hands-on practice and instruction of rehabilitation techniques, as their male counterparts. During CPD training preparation and delivery, HI technical staff encouraged the core PTs to consider and discuss women-centred care, as it related to the treatment of low back pain (i.e. privacy, comfort with provider, etc.). This focus on women-centred care will continue during USAID Okard activities.

However, it is not very clear how far the project managed to ensure a gender and development training for the entire government partner's program staff.

Insertion as such as not been debated as if to work with P/CWD was already enough while addressing the issue of how to live with a disability how to address discrimination and prejudice should be considered mostly in the hospital setting.

VIII. Recommendations

This chapter is an attempt to propose recommendations mostly for the future of the project that is not anymore in the hands of HI. These recommendations might be considered also for the design of future projects.

Relevance and Quality of Project Design

- Evaluate or assessment is needed at the beginning of a new phase as needs are different in each province and then activities and plans should be different in any case
- In terms of feasibility make sure all relevant sectors at the same place share the same understanding same agreement so activities are going smoothly
- The project could look to answer the needs of special final beneficiaries groups for example; one group that might need more education and support would be for adolescents with young babies with impairments. The coping skills of adolescents may not be sufficient by themselves; in addition, their mothers and grandmothers may be providing most of the child care and they may need support.
- Mental health and psychosocial wellbeing are issues that should not be neglected even within the context of physiotherapeutic intervention.
- During the KAP survey Parents referred to need to improve care delivery and provided many recommendations regarding the whole process in terms of knowledge, attitudes and

practices both for the health care service providers and themselves such as for the health care facilities and specially CH[6]:

- Many health care service providers and parents recommended having more and larger special rooms including room to sleep at CH. Improving infrastructures or facilities was a need expressed during the workshop.

Effectiveness

Screening, Well-Child and Vaccination clinics:

- **Continue screening activities** at Mahosot and MNB Hospitals, using a simpler form is a main recommendation looking at the national extension of the screening. .
- Developmental and impairment screening should be part of well-child and vaccination clinics, both at central level hospitals and at province, district and community levels. There is little information on congenital impairments in the remote areas screening outside Vientiane taking into consideration financial and geographical difficulties in accessing the services should be considered
- Expansion of the system surveillance of congenital impairments and referral/follow up was mentioned as a priority during the workshop adapting the screening process that needs to be harmonised and integrated in protocols and report systems.
- The screening teams have discussed the continuation of use of the form/ tablet app, and have come to an agreement between nursery/ NICU staff and administration that the form and app are useful and will continue at Mahosot and Mother and Newborn Hospitals but the future of this screening needs to be determined at the national level.

Referral is the necessary step after screening

- Referral sites should be receiving more detailed information about babies' diagnosis and follow-up plan so that parents can consult with their local providers for additional questions.
- In order to eventually expand new-born screening to centres outside Vientiane, information should be made available to parents and to health centre staff, to augment the material on childhood development.
- Case management system has been discussed as it is felt that there is a need to better tracing regarding how far parents followed recommendations and ensure adapted follow up of their babies as this issue is confronted to serious psycho-cultural obstacles so as mentioned in the screening report *" the development of a tracking system for babies with congenital issues to understand which babies did attend follow-up recommendations and*

[66] *Accept patients more quickly*

- *Receive well and give good welcome*
- *Improve checking*
- *Provide better diagnosis*
- *Give good advices with details*
- *Have a better follow up that is not discontinued*
- *Provide more training for health care service providers so that they increase their skills and can share with parents*

what obstacles parents faced in not being able to attend the recommended follow-up. This would lead into strengthening of a case management system, in order to follow-up impairments, such as cerebral palsy, which may not be evident at birth. "

Capacity development of staff

During the KAP survey **Parents** referred mostly the need to improve care delivery and provided many recommendations including more training for health care service providers so that they increase their skills and can share with parents showing that they want to intervene also to support their child development process

This echoes the needs formulated by Health care service providers who would like to increase their knowledge regarding rehabilitation and rights of persons with disabilities. They would like to be trained about counselling in order to develop better relation with parents especially to listen and understand them better and know how to address their concerns.

They want also to reach a higher level of expertise in rehabilitation for accurate diagnosis and announcing diagnosis to parents regarding various kind of disability including abnormal behaviour, as well as know how to teach and address carers of disabled persons. Being exposed to professionals in work situation in neighbouring countries and national lessons exchanges would be a good way to learn.
Trainings are plebiscited about various pathologies and having a team work as TOT for ECD and coordination with international organisations to strengthen academic trainers is a priority.
Videos calls conference with experts should be used when health care staff met with new problems that they do not how to solve.

Efficiency, Management, and Value for Money

Networking and connecting

- The project needs to be better connected to the MoE and Psychology department of the National University of Laos and not only to MoH.

For example, while technical health staff asked for more trainings regarding autism, one of the consultant (JI) mentioned that such trainings has been provided by Malaysian trainers at the NUOL for the trainers on inclusive education, and this could help also to find answers for families who reported that schools might not include children presenting autistic behaviours.

- Develop and expand parent's network across provinces with loading new document sand videos.
- In relation with LDPA and DPO's set up networks and WhatsApp groups to address needs of various PWD according to the disability that affects them and their needs.
- Encourage PT networking and connectivity.
- Coaching and annual meetings or workshops with international experts and (national or international) teleconferences to support consultation for the development of

rehabilitation and treatment plans, smartphone applications to support management of referral and counter-referral systems.

- Such a project should be also strongly connected with the Lao Disabled Persons Association and especially concerned Disabled People Organisations when training is addressing relevant issues for this organisation.

Standardise processes and improve quality toward national expansion

The partners called for experts who could continue to support the technical development of various processes initiated and implemented during by the project such as

- Increase integration of ECD in strategy for Reproductive, Maternal, New-born and Child Health
- Follow up and monitoring to standardise the whole system
- Continue screening of CU5 especially for poor children within 5 central hospital and widespread across the country and collect and analyse data
- More materials for physiotherapy after a needs assessment to see clearly which ones each centre has and we need to repair or buy according to each centre.

Data management, Quality Assurance Team and use of data:

The new born screening report mentions that *"while screening is important, it is just part of the process. Further development of a data management system needs to be established in order to determine the use of the data, such as how often the data will be downloaded, analysed, reported and most importantly, how the data affects the follow-up and treatment of the infants identified."* Staff met during the workshop stressed also the need to improve and standardise the data process.

The Quality Assurance Team still need to be closely monitored toward a national extension, for a long run it is recommended that the hospital to continue communicate and exchange on their practice, in order to prepare the national extension.

The QAT should be re-started but should also be re-organized with a clear TOR.
Several questions need to find answer or agreement at national level. Should it meet at a central point or should each hospital have their own QAT? What reports should the database generate and who should see them? How should follow-ups be organized and who is responsible? How should the information from the QAT meetings be passed on to hospital staff in the units? Realism in the choice of quantity of inputs – financial, human and administrative resources (notably, was the allocated original budget justified with regard to the project activities design and their implementation?)

Development of training and training materials:

In terms of efficiency the need to find the proper way to inform patients or users was discussed and recommendations were issued.

"We have poster and leaflets but people do not read many remain there people do not even take. It would be better to have videos to show when people are waiting. Brochures do not interest nobody as Lao people usually do not like to read and they think that they do not need so patients give the brochure to doctor and they ask doctor to read and explain. We should have an evaluation of poster and other IEC and train staff with technic how to present."

- Pamphlets should be with short and easy to read with information about different issues, such as cleft lip and palate; there is currently one pamphlet with developmental milestones that is very useful but very often used by medical staff and explained to parents.
- More documents and videos should be developed for the WhatsApp parent's network.
- Posters at health centre with CDC contact information would be useful; however, the usual pathway is that health centres / district hospitals send family to Mahosoth or Mother & Newborn and they make the referral.
- Information regarding ECD should be more shared on connected social networks and public media such as TV.

Improving M&E system

The administrators and managers of both projects insisted on the need to strengthen the M&E system and process and called for a better evaluation with clear plans and resume strong and weak points on a regular basis with:

- Evaluation of the competences and services
- Evaluation of tools as such and how they are used
- Evaluation of participation
- Evaluation of the quality of management and premises for ECD as well
- Evaluation should be lead at different levels of the health care system without gaps
- Evaluation should be also external with various expertise and at different steps (initial, midterm, final)
- Project must have an better of assessment of appropriateness, preparedness and feasibility toward beneficiaries before starting
- Report for all evaluations (including this one) should be sent to CMR in order to receive feed back
- Monitoring system could be set up related to evaluation as it is a different process in some regards.
- Having at least one annual participative evaluation workshop ensuring voices of services users is also considered.

Sustainability

The policy Sustainability relays mostly on the effective implementation of the National Rehabilitation Strategy and it is a main recommendation to ensure that it could be put in practice.

Financial sustainability

While everybody is looking for a national extension of the activities promoted by this project in the coming future more financial investment would be needed from the MoH and potential donors but sustainability is related to the continuity of efficiency as most of the project's activity has been successfully transferred to other stakeholders in a position to continue it provided more support is provided.

Due to the absence of the MoH representative, we do not have clear information regarding the financial sustainability and so it is a bit difficult to provide recommendations in this regards.
Establishing cost calculations for all rehabilitation services (including in each province) and to define strategies for cost recovery is the priority to ensure financial sustainability.
Evidences created by the project should also be utilised to support local partners to officially request increased investment from the Government of Laos.

Institutional sustainability will depends on the role played by various stakeholders that are better connected at the end of the project.

- PT network will play a key role for the sustainability of the capacity building and it is important that it continued.
- PWD or LDPA and CSO should be more involved in the project

    - Participants called for an improved circulation of documents and coordination between different places docs such as MoH or DHA.
    - Plans should be clear, made in advance and be answered as allowed or possible or not so the partners can know what they can do in the coming months or not and change the plans according to the resources.

"We want to extend and we have plans but not sure how far the government will provide support".

    - Time management following strict time frame is another issue calling for improvement depending on increasing coordination between various levels.

Technical sustainability should be ensured by integrating new lessons regarding ECD and Physiotherapy in the curriculum of the faculty of technical medicine and nursing.

Gender & Inclusion

If the evaluation shows some insight regarding gender and insertion, the issues are basically addressed; a deeper level of intervention should be though especially regarding insertion by calling for the voices of PWD/CWD and their carers.

Regarding the understanding of disability, more training on disability and impairment should be provided to medical health care service providers. Advocacy campaigns should focus then on attitudes changes through media, addressing wrong ideas by showing positive example within health care system.

Lastly this evaluation confirmed the results from the KAP survey and showed a lack of information regarding the Rights of Persons with Disabilities and in some regards organisation to promote these

rights and defend the cause of Persons with Disabilities some advocacy is much needed in this regards and lack of training and resulting awareness on child abuse (diagnosis and answer) because the issue is addressed at another level in the institution, so more training should be proposed in this regards.

To conclude recommendations could be framed in terms of:

* **Availability:** train more health care service providers to address new increasing pathologies such as autism & behaviour or speech problems

* **Accessibility:**

  - Have PRC in each province and physiotherapist in each district hospital
  - Sustain Outreach service as one of the best answers to ensure adherence
  - Informing that disability can be answered in mass media.
  - Social workers should be also included in the medical team even in CMR and PRC and in the future psychologists.
  - Develop relations between health care providers and parents on social Medias

* **Affordability** have services and day centres financially accessible for families

* **Adaptability**
  - Development and updating of patient referral guidelines
  - Protocols for various kind of interventions according to disabilities
  - Continue support parent's communication and mutual help via social media

* **Accountability**
  - Participation of PWD and families in service design and evaluation
  - Emphasize follow-up and impact of interventions related to rehabilitation.
  - Develop qualitative and quantitative quality and impact indicators with health care staff and concerned persons such as families and disabled persons.

IX. Conclusion

This evaluation was very interesting as leaded half year after the end of the project the sustainability could be addressed realistically and de facto this sustainability is really good and one can be optimistic regarding the future development in terms of ECD and rehabilitation services that are going step by step to be extended nationwide in Lao PDR.

However the evaluation faced some limits or weaknesses such as the absence of representative of the MoH and of the Faculty of Mechanic Medicine who plays an important role.

If the health care users CWD or PWD and their carers did not join the exercise as such, their voices and concerned could be reported and shared from the Rehab Satisfaction survey and the ECD final KAP study.

One main limit is certainly that this process based evaluation does not relay on evidence and field observations, it reports only what was said, and in a participative way the perspectives of the various stakeholders and HI former or actual staff involved in the project.

The workshop went well but as usual in Lao PDR not very critical mind could be expressed and the ambiance remained quite positive. It might also reflect the general satisfaction toward the project.

The evaluation shows important improvement in terms of service providing for CWD and PWD that has effective impact so main objective of the project was reached PWD enjoy a better quality of life because of fewer impairments and disablement, notably for new-borns, and young children. Investment in rehabilitation services will decrease long term medical costs associated with persons who remain immobile and can increase the productivity of the community workforce.

Training provided by the project and network set both for health staff and carers resulted in great changes in terms of practices and care for CWD and PWD.

ECD was the ffirst such project in Lao PDR, medical staff and parents have orientation but the understanding of the parents is too high and sometimes there are not enough professionals experts to answer expectations of parents.
While the financial sustainability might be submitted to some external funding, the technical sustainability is very good: the main methods, tools and most of the materials developed under the intervention have been designed for use after the intervention and are actively used by PT and other medical teams intervening in ECD.

The project set up the basis for such an ambitious coverage if the MoH can be committed to the implementation of the "National Rehabilitation Strategy 2018-2025" and some technical support be provided in various regards to motivated PT and medical teams in the concerned health facilities.

I will give the last words to conclude to the participants of the workshops:

"At first we did not know where did we go and now we can see good results and it is very interesting" (M, Champassak)

"We could develop new skills and help children to come back to school and parents to take care of themselves" (F, Vientiane)

"It is a very useful project we would like it to continue but if we do not have more funding we will try to do as much as we can according to the national strategy and we can advance and from central hospital go to provinces" (M Vientiane)

"And we can provide service to threat children it is very important"

"After receiving all comments we can try to improve and have a centre that would be an example at central level in partnership with other colleagues and hospitals and we can continue even if we are not so strong after 3 years we start to have experience to share and Mahosot might start"

"We will have chances to train between hospitals"

Annex 1 Results

Relevance

Table n° 1 Relevance (according to HI Staff)

Items	ECD 5px Mark /5	Rehab 4px Mark /5
Context: How far did the project meet the demands and needs of beneficiaries?	3.4	3.75
Context: How far did the project help achieve the priorities of other stakeholders (authorities, partners, donors…)?	3.8	4
Needs: How far did the project adapted its action to the country or intervention setting (socio-cultural and historical determinants, security, logistical and regulatory constraints...) and its evolution	3.4	3
Average	**3.5**	**3.58**

0= Never 1= very little 2= little 3= somewhat 4= much 5= very much

Table n°2 Did the project met the demands and needs? ECD

	Very Well	Well	Not so well
Of health professionnals	6	3	
Of MoH and administrators	2	1	
Of patients	7	2	1
	15	*6*	*1*

(45+12+1=58) 58/22=2.6

22 votes total average is 2.6/3

Table n° 3 Did the project met the demands and needs? Rehab

	Very Well	Well	Not so well
Of health professionnals	1	12	2
Of MoH and administrators	3	7	5
Of patients	2	11	2
	18	*40*	*9*

(45+12+1=58) 58/22=2.6

22 votes total average is 2.6/3

Table n°4: Partnership & cooperation, involvement of project partners according to HI staff ECD (5 votes) and Rehab (4 votes)

1= No 2= very little/very low3= Somewhat /low 4= Much/ quite 5= Very much/ a lot

Items	*ECD/5*	*Rehab /5*	*Total /10*
1. The objectives of partnership were clear for HI and for the partner?	*4.6*	*4.5*	*9.1*
2. The partnership equitable?	*4.2*	*4*	*8.2*
3.The partnership was correctly monitored?	*4.2*	*4*	*8.2*
4. The capacity building plan was useful for the partner and responding to clear objectives?	*3.8*	*4.25*	*8.15*
5. The partnership supported the sustainability of the partner's actions	*3.6*	*4.25*	*7.85*
6. The capacity building plan was correctly applied and monitored by partners?	*3*	*3.5*	*6.5*
7. Partners were kept regularly informed and involved in decision-making processes concerning the project's steering and implementation?	*4*	*4.25*	*8.25*
8. Partners showed interest in the project	*4.2*	*4.25*	*8.45*
9. Partners influenced the project	*3*	*4.25*	*7.25*
10, Partners actively contributed towards the project's success	*4.2*	*3*	*7.2*
11. General Level of The Project partners involvement?	*3*	*3*	*6*

Total is 85.5/110 so 7.74/10

Table n°5: Partnership & cooperation, synergy, accountability (ECD stakeholders)

- Green: great involvement Yellow : good involvement Blue: poor involvement White: not involved

1-Involvement in the definition of the project including budget for activities	• Monthly • Quarterly • technical meetings • QAT • Quality Insurance of data • Budgeting • Home visits	
2- Decision-making processes concerning the project and implementation	Discussion to define dates and plans Involved in all activities	
3- Monitoring & Evaluation	Screening keep data and when sent nobody contact No follow up of cases at CH And also relation between CH and MCH	
4- Ownership and responsibility of the action	Each organization could take responsibility Discussion of quality at HI every month	
5-Complementarity between various project, services and structures	Have good referral system Staff know where to refer Staff meet within different services Integrate child development in pink child health book Sometimes not so good coordination and sometimes not working smoothly Contact with patients sometimes they do not check properly and it is not effective between hospital not clear Parents are not enough informed	blue1 green 1
6-Use of data health collection/information within services and project management	Forms not enough detailed Forms not the same according to the hospital Information used for research purposes And report Dissemination for meetings with experts Use for evaluation CRS (congenital rubella syndrome) for	Blue for some people

	WHO use data Enter this data in MoH system not decided yet but planed for new born screening first but need training first to explain how to use and need to have guidelines and standards For new born professor is developing at national level	
7- Participation of Final beneficiaries or users (special mechanisms, consultation, means, accountability …)	Evidence in the final kap survey Special activities in outside Training for carers And materials for children Peer groups Whatsapp group ensure connexion	Yellow

Table n° 6 Partnership & cooperation, synergy, accountability for Rehab

Partners were invited to discuss and evaluate different aspects of the partnership in 2 sub groups.

ADMIN MANAGERS	COMMENTS
Involvement in the definition of the project including budget for activities	Good leadership Plans have been approved
Decision-making processes concerning the project and implementation	Submit plans is not on right time Need to revise plans some points Budgeting approval is late takes a lot of time In a hurry to launch activities
Monitoring & Evaluation	According to the plans every 3 months, Sometimes postponed
Ownership and responsibility of the action	Admin and technical staff took responsibility

TECHNICAL STAFF	Comments
Complementarity between various project, services and structures	Cooperation at technical level with MoH Lesson exchanges
Use of data health collection/information within services and project management	Need budget for service in 2018-19 we try to find information and ressources for our staff for study Use of data regarding TB in LP , Statistics before in 4 provinces 89 persons first time and 2nd 139 persons in Vientiane Staff need to receive training in physiotherapy Before asked mostly directors to go to trainings not technical staff and now it changed that is s good result Have data collection already and we use and analyse to come for with solution
Participation of Final beneficiaries or users (special mechanisms, consultation, means, accountability …)	Increase level enhanced qualification Choose the right persons We have technical exchanges of lessons Evaluation shared every month and 3 months to help staff to improve place and methods to take care of patients shows satisfaction of patients Exchanges with professionals and other centres Users have chance to get involved and give comments on development of centre

Table n° 7 Efficiency according to HI staff ECD & Rehab

Please give a mark to the following statements 0-Not at all 1- very little 2= Little 3= Somewhat 4= Much 5= Very much

Items	Mark ECD *(5px)*	Mark Rehab (4 px)
1. The choice of quantity of inputs was realistic considering financial, human and administrative resources (notably, was the allocated original budget justified with regard to the project activities design and their implementation?)	4	4.5
2. The project in its overall design and implementation is cost effective so the proposed intervention method achieved the expected results at the lowest cost	3.8	4
3- The project had the necessary resources (human, financial, logistical, technical…) to achieve its objectives) ?	3.6	4.25
4. The project made an optimal use of resources (human, financial, logistics, technical…)	3.6	4
5. The methods were the most appropriate one	3.8	3.5
6. The activities related to the result were the most appropriate one?	3.6	4
7. The expected result was realistic	4	4
So 7.81 as average for the 2 projects	3,77	4,04

Table n° 8 ECD Did the project have the necessary resources to achieve its objectives ?

Each participant voted by choosing a piece of coloured paper and putting in a box, then we discussed the results

	Excellent	Enough	Not enough	**Comments**
Human resources		3	7	
Financial resources		5	5	Some staff never engaged in financial issues so we proposed to ask if it happened that request was not accepted due to lack of financial resources
Technical resources	3	7	1	Need new born screening unit at every hospital
	9	30	13	=52/31=1.6

31 votes: total average 1.6/3

Table n° 9 Rehab Did the project have the necessary resources to achieve its objectives ?

Each participant voted by choosing a piece of coloured paper and putting in a box, then we discussed the results

13 persons voted

	Excellent	Enough	Not enough	No Ressources	**Comments**
Human resources	1	10	2		25/39= 1.92/3
Financial resources	0	3	8	1	14/39 = 1.07/3
	3	26	10	1	= 40/ (13x3x2)78=0.51

Votes: total average 1.53/3

On 40 votes the average mark is 1.53/3
The participants have a low appreciation of the sufficiency of the project especially regarding financial resources but human resources are better evaluated.

Table n° 10 Efficiency ECD Did the proposed intervention method achieved the expected results at the lowest cost ?

EFFICIENCY				
	Excellent	Good	Poor	**Comments**
Optimal use of resources (human, financial, logistics, technical…)	6	2		-Coordination of Key Stakeholders -Promotion/Integration Infrastructure -Supplies & tools
Appropriateness of methods	5	4		Protocol, guideline, manuals Management tools Health data collection
Appropriateness of activities	7	2		Technical Training & Coaching Health Information Management Relation with users

3 groups one for each question and use flip chart + post it to give a mark for each item (20mn)

Table n°11 Rehab efficiency: did the proposed intervention method achieved the expected results at the lowest cost ?

EFFICIENCY				
	Excellent	**Good**	**Poor**	**Comments**
Optimal use of resources (human, financial, logistics, technical…)	3	9		So 2.25/3
Appropriateness of methods		10	4	1.71/3 Data collection system not so effective yet The one in charge needs more training
Appropriateness of activities	3	9	2	2.07/3

Table n° 12: List for Main successes and failures (ECD)

- Development of screening manuals (4) and establish usefull and effective screening system (4)
- Skills development or expertise for doctors and medical staff in new born screening (G4, Y 2) and child development (3)
- New experiences gained from oversea put in practice (3)
- Doctor and nurses can train medical students (G1, Y1)
- Screen children have access to health care (G3, Y1)
- Coordination is set up between medical institution regarding ECD (1)
- Data collection system and statistic are available (4)
- Referral system is set up at basic level (2)
- Very clear objectives for this project (1)
- Parents network has been set up through the community (G3/ Y2)
- Enough tools to practice physiotherapy (1)

- We have developed expertise in speech therapy, occupational therapy and physiotherapy (4) and evaluation of child development (2)
- Medical staff can refer to a better place (2)
- Evaluation is going on regular basis (1)
- Referral system from hospital to CMR (3)
- Implementation of activities went through a slow process (1)

- Working system is not so effective (1)
- We have questionnaire to evaluate the client satisfaction (1)
- The tools for physiotherapy came late (1)

- Not enough tools (1)
- Not enough training for staff to perform well the tasks or transfer into practices (3) and lack of understanding of child development (1) and austim and speech delays (1)
- Screening for new born remains limited in many hospitals (1) not available in all hospitals (1)
- Physiotherapy can't met with the needs (1)
- Can't receive children with CP (1)
- Parents lack of information regarding child development (1) and awareness is not high (1) and limited knowledge about screening (1) and poor access (1)
- Information should be more shared on social and public media (TV) (1)

- Data collection instruments are still limited (1) and not so accurate (1)
- OAE is not functioning properly (2) as well as ROP and other tools to check temperature (1)
- Statistic of the ones who use the service can be updated (1)
- Referral from CMR to other relevant sectors (1)
- Referral faces the obstacles of distance (2) and poverty (1)
- No specific unit addressing all kind of disabiliies
- Failure of intervention with autistic children (3)
- No school for CPW (slow development) (3)

Table N° 13: List of Main successes and weaknesses in Rehab

1. Main successes

- staff have chances to improve and strengthen their academic knowledge, skills*7

- There are 12 trainers (physical therapists)

- collected statistics of physical therapists within the four provinces, 6 central hospitals and CMR

- Good coordination

- Referral system is good

- Patients have access to good services

-Management, planning and data analysis, all the three sectors are working well.

- Good Policy management and working process *3

- patients' satisfaction is increasing *2

- Qualities of the services have been significantly improved. *5

- disseminate RMS tool

- Establish a committee who is responsible for coordinating with the project.

- Establish a PT networks across Vientiane Capital

- have trained TRAINERS of physical therapists

- Technical staff (REHAB) gain new knowledge of assessing the quality of their own centres. They also know how to listen to their patients' feedback and comments. *3

- PT enhanced their capacities and integrated with neighboring PT: Thailand, Cambodia…

- initial integration of physical therapists for academic exchange regarding cases.

- Patients are more confident and willing to use services

- people in the community have a better understanding about CMR work.

2. Weakness, limitations

- tools and materials for Medical Rehabilitation is not sufficient. *3

- should put heavy focus on technical aspect.

- CMR staff in different centres can't achieve all the indicators

- following up and referral of the disabled patients are not effective

- limited time for different activities

- PT networks have not established protocols and agreements/ no PT association set-up

- Physical therapist networks have not been officially approved. *2

- there is not continuity of staff training.

- Services are not covered across the provinces.

- infrastructure development and materials are not limited. *3

- Eco health for community to increase access to disabled people is not widespread.

- Project duration is short.*3

Tables n°14: Challenges for ECD

- Yellow quite well solved
- White could not be solved

Main challenges	Comment
Believes about cause of disability They think it is karma	New problem we need to have meet people from outside For lao loum, not too many problems No solution Project has no answer for this
Financial constraints Need to pay for child care as does not fall into disease Many people do not have health insurance	Need to provide free care in Vientiane for under 5 Costs for surgery could be very high
NO surgery Parents are scared to make children suffer Do not show again	
Lack of specialised centres	
Prevention	Need campaign with mas media or media
Environment Think that slow is normal father and mother are slow	Some posters to answer some question
Child development and slow development Nutrition problems	Refer to nutrition unit
Need to screen high risk pregnancy Have tools but patients do not show Too many children still born because mother did not check in time	Staff are trained how to use tools And to talk to families Need more campaign
Skills Need more skills to screen to address other issues such as behaviour	More trainings and expertise needed

Table n°15: Risk management according to HI staff (ECD 4) & Rehab (4)

Examples of Risk or constraints (4 votes) ECD& Rehab	ECD Level of risk 1-4	ECD Level of the Effect 1-5	Rehab Level of risk 1-4	Rehab Level of the Effect 1-5
Commitment of the MOH to the project ECD	3	3,5	2.5	2.75
Hospital staff turnover	3	3	3	3.25
Technical training and investment results in changed knowledge, attitudes and behaviour of Target groups	3,25	4	3.5	4
Participation of Final beneficiaries	3,5	4	2.	3

Table n° 16: Sustainability according to HI Staff (ECD 4px and rehab 4 px)

0- Not at all 1- Little 2- Very Little 3- Some sustainability 4- Sustainable 5- Very Sustainable

Items	ECD Mark/5	Rehab Mark/5
1- The Ministry of Health coordinates key actors to continually design, implement, monitor and review the rehabilitation sector policy, strategy and activities.	3	4
2- The Ministry of Health provides opportunities for Physical Therapists (PT) professionals in the country to continually enhance their knowledge and skills through Continuing Professional Development (CPD) and professional exchanges thanks to a new PT Professional Network.	3	3.25
3- The Centre of Medical Rehabilitation ensures continuing improvement of the quality and sustainability of rehabilitation services under their management through the implementation of the rehabilitation management system.	3.2	3
4- The project invested the means necessary for ensuring the continuity of activities after the project's closure	3.8	2.75
5- The project significantly reduced the vulnerability of all the beneficiariesas	3.6	3.25
6- The actions implemented during this project are effectively sustainable	3.6	3.5
General mark on 10 is 6.65	3,36	3,29

Table n°17: Sustainibility ECD : did the project help strengthen internal and external capacities and build the capacities of local stakeholders to support their autonomy?

Questioning sustainability	Excellent	Good
How far the tools, **methodologies and lessons learned have been appropriately shared to support** the **improvement and the future of the** action?	2	8
How far did the project invested the **means necessary for ensuring the continuity of activities** after the project's closure?	4	5
How far the project significantly **reduced the vulnerability of all the beneficiaries in a sustainable way** by increase their response capacity ?	1	7
How far the actions implemented during this project are **effectively sustainable**?		8
Total	7 20%	28 80%

Table n° 18: Questioning sustainability in rehab project

Questioning sustainability	Excellent	Good	Poor	Average
How far the tools, **methodologies and lessons learned have been appropriately shared to support** the **improvement and the future of the** action?	1	12		2.23/3
How far did the project invested the **means necessary for ensuring the continuity of activities** after the project's closure?	1	12	1	1.9/3
How far the actions implemented during this project are **effectively sustainable**?	2	13		1.9/3
Total	4 9.5%	37 88%	1 2.4%	2.04/3

Table n° 19: Gender & Inclusion according to HI Staff (ECD 4px and rehab 4 px)

Please give a mark between 0 and 5 the following statements :

0-Not at all 1 very little 2= Little 3= Somewhat 4= Much 5= Very much

Items	ECD Mark/5	Rehab Mark/5
1. The Project communication was tailored to meet the objectives of the population it is targeting, adapting communication to each project stakeholder and proposing a project summary from the perspective of one female and one male beneficiary	***4***	***4.25***
2. The project helped to prevent any form of distinction, exclusion or restriction, including those related to gender, disability, age, sexual orientation and/or cultural/political/geographic affiliation? How?	***4.5***	***4.5***
3. During the project design phase, the project addressed everyone's needs and interests in an inclusive and differentiated way	***4***	***4***
4.The project systematically considered the risk of negative effects and reviews any action that is seen to be harmful in any way In the initial diagnosis and design phase, include a risk analysis of potential short and long-term negative effects for communities	***3.25***	***3***
5. The project applied the values promoted by Humanity & Inclusion (Humanity, Inclusion, Commitment, Integrity) and Informed project teams and partners about the need for compliance with Humanity & Inclusion institutional policies and directives (Child protection; Protection from sexual exploitation and abuse; Code of conduct; Disability, gender and age...).	***4.25***	***5***
Total General mark on 10 is: 8.15/10	**4**	**4.15**

Table N° 20 Sustainability according to HI staff ECD

Has the project's activity been successfully transferred to other stakeholders in a position to continue it?	Mark on 5
1- The Ministry of Health coordinates key actors to continually design, implement, monitor and review the rehabilitation sector policy, strategy and activities.	3
2- The Ministry of Health provides opportunities for Physical Therapists (PT) professionals in the country to continually enhance their knowledge and skills through Continuing Professional Development (CPD) and professional exchanges thanks to a new PT Professional Network.	3
3- The Centre of Medical Rehabilitation ensures continuing improvement of the quality and sustainability of rehabilitation services under their management through the implementation of the rehabilitation management system.	3.2
4- The project invested the means necessary for ensuring the continuity of activities after the project's closure	3.8
5- The project significantly reduced the vulnerability of all the beneficiaries	3.6
6- The actions implemented during this project are effectively sustainable	3.6
AVERAGE	3.36

Annex 2: About co-animation

Why co-animation and how to organise it?

Share information or knowledge, manage a group of people by facilitating their participation in the exchanges and ensure progress towards a defined goal: these are the activities of the facilitator.
Co-animation, well thought out and well implemented, allows a greater wealth of points of view, know-how, and better control of interactions, in particular:

- when there are many participants,
- to discuss complex topics,
- to approach new knowledge,
- when the audience is demanding or difficult.

In these cases, being two or more must allow, in particular:

- better animation efficiency (communication and sharing, regulation of exchanges, production of work, achievement of objectives, etc.),
- greater comfort for the facilitators (help and support possible, shared work, etc.).

This way of animating can be proposed to lead a working group or to animate a lesson learnt process. Co-animation can take different forms, depending on the roles set between the facilitators:

1. One animator delivers the messages and develops the contents, the other animator regulates exchanges in the group and proposes pedagogical methods.
2. Facilitators share the intervention alternately, both in substance and formally.
3. In a complementary way, the animators intervene by bringing points of different fields or different point of view (for example: a facilitator will propose a male vision and the other a more female centered view).

Depending on the scheduled duration of the meeting, the three forms of co-animation, previously cited, can be mixed.

What are the advantages of a co-animation?

For the animators

● When there is mutual trust and respect between facilitators, a feeling of comfort is felt by each facilitator. Everyone knows that he can count on the other, whatever the issue to be solved.
● Through the knowledge, know-how and behaviors implemented, the facilitators get richer each other. Each facilitator learns from his co-facilitator.
● While one facilitator is speaking, the other person can step back and get up, get out of framework, by analyzing the exchanges and interactions in the group, in order to refine its intervention to come (complete the points raised, ensure the link, put into perspective with the objectives of the meeting, etc.).
● Some difficult times can be better managed by two facilitators. For example: virulent exchanges in the group, conflicts, agressive arrests directed to a participant or facilitator, can be more easily channeled and mastered or silence shyness could be also better addressed.

For participants
● The group will benefit from a wealth of knowledge and know-how, proposed and shared by animators with different knowledge and experiences, but complementary.
● The animation of the session will be more alive and will allow the revival of the interest, by favoring exchanges and individual and collective learning.

Annex 3: Sample: persons approached for the final evaluation

Interviews

1. Mr Benoit Couturier: HI country director
2. Mr Umar O Naseer: M&E
3. Mr Jean Paul Millan : Finance & Service support manager
4. Mrs Thip Seukpanya: Finance manager

5. Mr Mark Morrisson: former Rehab and ECD technical advisor (by phone)

Mini Questionnaires from former HI staff (non-joining workshop)

1. Mr Somchit Duangpanya former ECD project coordinator
2. Mrs Lori Baxter former Health and Rehabilitation Technical Advisor
3. Mrs Pasana, former ECD technical advisor

Workshop with HI Staff

1. Mr Sichanh Sitthiphonh director +Q
2. Mrs Sengthip Kariyavong technical supervisor +Q
3. Mrs Soulinya Sayasith +Q, former Rehabilitation Project manager became USAID Okard CBID project manager
4. Ms. Nakrita Phonsrakhu PT technical advisor

ECD Registration Participants (09 October 2019)

Non Hi Staff: F 6 M4

Name	Surname	Position	Workplace
Mr. Sengtheva	Zaiyasidthivong	PT	CMR
Ms. Vilayphone	Vongsay	Doctor	CMR
Ms. Souphaphone	Louangdouangsitidet	Technical	Nutrition, Mahosot hospital
Mr. Douangkham	Phommachanh	Vice Department	Mahosot hospital
Mr. Somsavath	Soulivong	Technical	ICOP Mahosot hospital
Ms. Phonedavnah	Donesavanh	Deputy Director	Children's Hospital
Mr. Khampe	Phongsavath	President of Children Association	Retired staff
Ms. Kieng	Inthavongsa	Technical	Children's Hospital
Ms. Nola		Technical	Mother and Children hospital
Ms. Thepphone			Children's Hospital
Ms Sengthip	*Kariyavong*	*Doctor*	*Humanity& Inclusion*
Mr. Sichanh	*Sitthiphone*		*Humanity & Inclusion*
Ms. Nakrita	*Phonsrakhu*	*PT technical*	*Humanity & Inclusion*

REHAB Registration Participants (08 October 2019),

Non Hi Staff: F5 M10

Name	Surname	Position	Workplace
Mr. Thongphet	Sitthicanh	Director	CMR
Mr. Khamko	Chomlath	Deputy Director	CMR
Ms. Chanhdone	Manyphouxay	Deputy Director of PHO	Savannakhet PHO
Mr. Sivixay	Xayasane	Deputy Director	Champassack PHO
Mr. Peng	Xayaphet	PRSC Director	PRSC Savannakhet
Ms. Sivisay	Sihabout	Deputy of Department	FMT
Mr. Singkham	Phoumiphak	Head of Division	CMR
Ms. Siathone	Phoummavong	Head of Division	CMR
Mr. Thongsouk	Manisane	Head of WC	CMR
Mr. Phatthanaphong	Patsamath	Head of Hospital management &IT	CMR
Ms. Bouaphanh	Vongmachanh	Deputy Director	Xiengkhoang
Mr. Khamphou	Philasouk	Deputy	PHO Luangpabang
Ms. Laosysombath		Head of PRSC	Luangphabang
Mr. Sakhone	Meunviseth	Head of PRC	Champassack
Mr. Khamsavang		Director PRC	Xiengkhouang
Ms Sengthip	*Kariyavong*	*Doctor*	*Humanity& Inclusion*
Ms. Nakrita	*Phonsrakhu*	*PT technical*	
Mr. Sichanh	*Sitthiphone*		*Humanity & Inclusion*
Ms. Souliya	*Sayasith*	*CBID PM*	*Humanity & Inclusion*

Gender breakdown Total M/F

Institution	F	M	Total
HI (including former staff)	6	6	12
Partners	11	14	25
Total and %	**17 (45.94)**	**20 (54.05%)**	**37 (100%)**