Mid-term Review of Adina Foundation Uganda's Lira Rehabilitation Centre project

NORAD Framework Agreement UGA-19-0003

Conducted by Oslo Economics

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Photo: Adina Foundation Uganda

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List of acronyms

CWDs	Children with disabilities
PWDs	People with disabilities
PSGs	Parent support groups
IGAs	Income generating activities

Executive Summary

Oslo Economics has conducted a mid-term evaluation of Adina Foundation Uganda's project "Lira Rehabilitation Center" spanning from 2020 to 2024. The project receives funding from Norad and offers comprehensive support for children with physical disabilities in the Lango district of Northern Uganda.

The share of persons with disabilities PWDs is particularly high in Northern Uganda and in the Lango and Acholi regions in which the Lira Rehabilitation Center project operates. This is a highly marginalized group in Uganda, that faces tougher physical, social and financial constraints than the general population. Children with disabilities are less likely to attend school and more likely to suffer discrimination than non-disabled children.

Adina Foundation Uganda was founded in 2009 and started operations at the Lira Rehabilitation Center in 2010. The project has developed extensively since then, from mainly providing physiotherapy to children with disabilities, to facilitating surgeries, physiotherapy, educational services, vocational training, advocacy work and providing a range of services and training to members of local communities throughout the region.

This evaluation is based on the OECD DAC guidelines for evaluating policy interventions (OECD/DAC, 2019). Following the Terms of Reference, we assess the project's impact, effectiveness, efficiency, and sustainability using a combination of quantitative and qualitative indicators. We rely on project documentation, publicly available data and academic literature, and interviews with treated children and other key project stakeholders.

We find that the LRC project has had a substantial long-lasting impact on its beneficiaries. The LRC provides CWDs with substantially higher quality of life, exemplified by our case studies and interviews. Other project activities benefit the families of the CWDs and their communities, increasing the likelihood of CWDs having an improved life after LRC support. The covid pandemic has affected project effectiveness during 2020 and 2021 but the LRC is on its way to meet its 2022 targets. Project impacts appear to be solidly designed and likely highly sustainable over time. The ability to adjust to changing circumstances and the existence of a reliable monitoring and evaluation system suggest that the project is being implemented efficiently.

Despite a challenging context, the LRC project is performing at a satisfactory level in the first half of the project period. The project's impacts are assessed to be large and sustainable, and it addresses a severely underserved population group in Northern Uganda. We recommend that the project formalizes a "train-the-trainer" approach to enhance the sustainability of its impacts, diversifies its sources of funding, and improves its data collection efforts in the region, possibly in cooperation with local authorities and/or local or international research institutions. We also recommend that the LRC project continues its efforts to transfer knowledge to local health teams in order to be able to focus on its core competences.

1. Introduction

Oslo Economics has conducted a mid-term evaluation of Adina Foundation Uganda's project "Lira Rehabilitation Center" spanning from 2020 to 2024. The project offers comprehensive support for children with physical disabilities in the Lango district of Northern Uganda.

1.1 Mandate and scope of this evaluation

The overall objective of this mid-term evaluation is to provide evidence-based findings on the results and impact of the Lira Rehabilitation Center (LRC) project, compared to its objectives and expected results as defined in the project's documents. Based on the OECD/DAC guidelines for the evaluation of development projects, this evaluation assesses the project's impact, effectiveness, sustainability and efficiency (OECD/DAC, 2019).

The overall goal of the project is to help children with disabilities (CWDs) become participating members of their communities. To do this the LRC project conducts a location, assessment, treatment, rehabilitation and follow up of CWDs, as well as community-level activities including literacy training, advocacy training, vocational training, financial training and saving schemes.

The report was developed by Francisco Oteiza (project manager), Elias Sandnes (project member), Morten Schjødt-Osmo (project member) and Svend Boye (quality assurance) during the second half of 2022.[1]

1.2 Data collection and analysis

This evaluation was based on project documents such as annual reports, financial reports and documentation supporting the LRC's funding request to Norad. We complemented this with publicly available information and in-depth interviews. We have conducted interviews with representatives and staff from Adina Foundation Uganda (AFU) covering the areas of:

- Management
- Finances
- Physiotherapy
- Education (catch up classes)
- Parent Support Groups

We also conducted three in-depth interviews with CWDs who have received treatment and inpatient rehabilitation at the Lira Rehabilitation Center, and two workshops with Parent Support Groups (PSGs) from Omoro and Ayami. Finally, we conducted three interviews with other project stakeholders:

- Chairman of the board/Mayor of Lira
- Board member
- Ministry of Gender, Labour and Social development representative/Leader of the government NGO forum

1.3 Report structure

Chapter 2 presents the background and context for CWDs in Northern Uganda. In chapter 3 we introduce AFU and the LRC project, and provide an overview of the different activities conducted by the project. In chapter 4 we describe our methodological approach to this evaluation. Chapter 5 presents our findings and Chapter 6 presents our conclusions and recommendations.

[1] *Disclaimer*: one of the members of the evaluation team (Elias Sandnes) is related to a former member of the Adina Foundation Board. This did not influence the findings of the evaluation.

2. Background

The share of persons with disabilities PWDs is higher in Northern Uganda and in the Lango and Acholi regions than the national average. This is a highly marginalized group in Uganda, that faces tougher physical, social and financial constraints than the general population. Children with disabilities are less likely to attend school and more likely to suffer discrimination than non-disabled children.

2.1.1 PWDs in Uganda

In 2017, The Ugandan Bureau of Statistics (UBOS) conducted a dedicated, national survey aimed at studying the situation of people and households living with disabilities in Uganda. The survey showed that 3.5 percent of children aged 2-4 has at least one type of disability, while the same figure was 7.5 percent for children aged 5 to 17. For adults the number is an overwhelming 16.5 percent. Almost one in every fifth adult in Uganda is living with a disability.

As seen in **Error! Reference source not found.**, the prevalence of disabilities increases with age. However, the cause behind the underlying disabilities is markedly different for children and adults. While among children the most common cause of disability is a congenital condition, for adults these are home accidents, road traffic and violence (Uganda Bureau of Statistics, 2017).

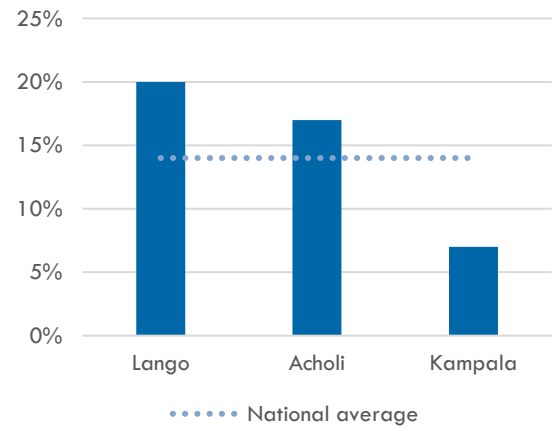
Table 2-1: Persons with disabilities by age group and selected disability types (%)

	2-4 years	5-17 years	18 and above
Persons with disabilities	3.5	7.5	16.5
Visual disabilities			
Difficulty with vision	0	0.6	7.1
Blindness	0.0	0.0	0.3
Hearing disabilities			
Difficulty with hearing	0.0	1.1	2.5
Deaf	0.0	0.2	0.2
Deafblind	0.0	0.0	0.01
Mobility and upper body functioning			
Difficulty in waling/climbing	0.5	1.0	7.8
Deformity	1.6	2.3	4.9
Missing limb	0.8	0.2	0.3
Difficulty with self-care	*	0.6	1.4

Source: Uganda Functional Difficulties Survey 2017

In the northern part of the country, the prevalence of persons with disabilities (PWDs) is especially prominent. Following the long-lasting armed conflict with the Lord's Resistance Army, PWDs in the region were left severely underserved. In addition, the conflict increased the number of PWDs due to injuries from landmines and other war related injuries. Consequently, studies by UNICEF have shown that the share of PWDs is higher in Northern Uganda than the national average. The Uganda Bureau of Statistics estimates that Lango (where the LRC project operates) and its neighbouring region to the north, Acholi, have the highest disability prevalence rates among persons 5 years and above (UBOS, 2019). The different disability rates are illustrated in Figure 1.

Figure 1: Disability rates (%) in Uganda for persons 5 years and above



Source: Uganda Bureau of Statistics, 2019

2.1.2 Living with a disability in Uganda

CWDs, PWDs and their families are a highly marginalized group in Uganda. Although more than 15 percent of all Ugandans have a disability, the National Union of Disabled Persons of Uganda (NUDIPU) states that people of this group are underprioritized in their homes, schools, by health care providers and in their communities.

The challenges are particularly hard for CWDs. Due to both their disabilities and social stigma attached to them, they often struggle to take part in regular activities in society. Being isolated and excluded from society at an early age makes it almost impossible to become functioning and participating members of society in the future.

Differences in school attendance are a strong marker of the barriers that CWDs face. Differences in school attendance at the national level by disability status are presented in **Error! Reference source not found.**. There are large differences in attendance, especially in current school attendance, where there is almost a 15 percent-point difference. A silver lining is that it appears to be minimal difference in gender. These differences are presumed to be even larger in rural areas where household incomes are lower and access to and from school represents a more significant challenge for CWDs and their families.

Table 2-2: School attendance (%) by disability status for children aged 6-16 years

	Children with disabilities	Children without disabilities
Ever attended school	**80.5**	**90.6**
Male	81.2	90.3
Female	79.6	90.9
Current school attendance	**76.1**	**89.0**
Male	78.6	88.0
Female	76.9	88.9

Source: Uganda Functional Difficulties Survey 2017

The barriers that CWDs and their families experience in their lives are varied in nature. However, in brief the barriers can be differentiated into three categories, as illustrated in Figure 2. This simplified categorisation of barriers will be used throughout the report to structure our analysis and findings.

Figure 2: Barriers for CWDs in Uganda

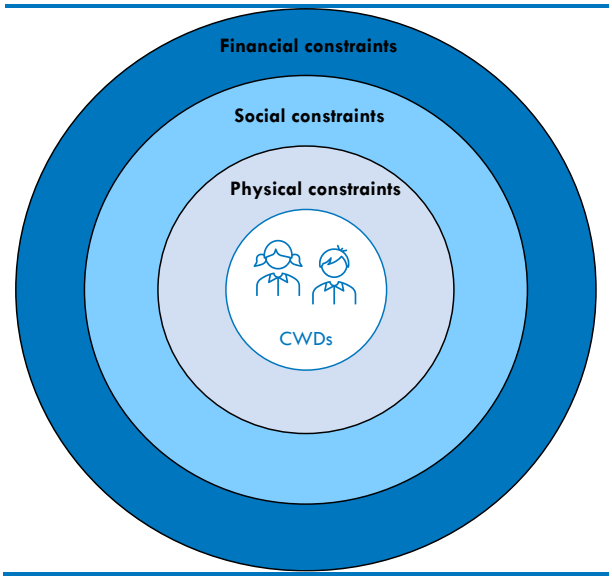
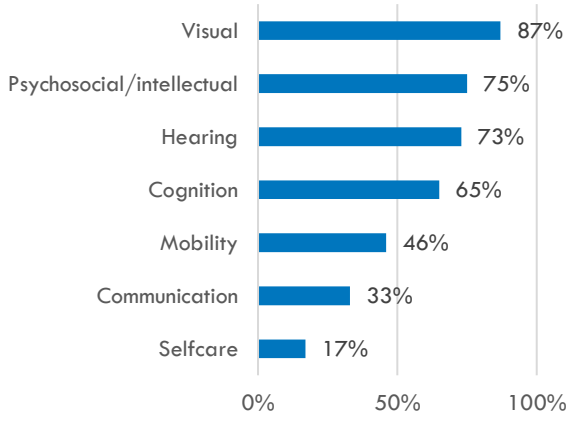


Illustration by Oslo Economics

Physical constraints

As illustrated, the first barrier is a physical constraint. This concerns the lack of mobility that the disability represents and is a barrier for CWDs because it is making them unable to physically participate in society, for instance making it hard to attend school. To exemplify, Figure 3 highlights the difference in school attendance by type of disability.

Figure 3: School attendance children aged 6 to 16 by type of disability



Source: Uganda Functional Difficulties Survey 2017

It is apparent that more severe physical disabilities are a larger barrier to attend school, as both mobility issues and problems with selfcare are among the disability types with the lowest school attendance. Disabilities that have less impact on a child's mobility appear to be less damaging to the school attendance. This can also be linked to the social constraint that is

discussed later, as these disabilities are less visible and thus evoke less stigmatization.

To lower the physical constraints CWDs face it is necessary to mitigate the physical disadvantage of the disability. In many cases, medical treatment and rehabilitation help CWDs reduce their physical barriers significantly. In others, mobility aids may play a similar role. In many cases, it is nevertheless necessary to provide an environment with supporting equipment like ramps for them to participate in the community. As many of the children are living in rural areas, it may also be necessary to provide transport for them to be able to attend school.

Social constraints

The social constraints preventing CWDs from participating in their communities presents itself through stigmatization from other members of their communities as well as a general negative attitude towards PWDs in Uganda. A part of this barrier comes from an old belief in the Ugandan culture that disabilities are a punishment from God, and that mothers giving birth to CWDs, and the children themselves are cursed. Consequently, the children, and in some cases their families are isolated from the communities, to prevent harmful gossip about the household from spreading in the community.

In addition to the superstition, there is a general stigmatization against CWDs, because their disability in many cases prevents them from participating and contributing to family affairs and household work. Consequently, CWDs are seen as a burden, and are often not be prioritized by their families or communities because they are believed to never be able to contribute to their communities.

Table 2-3 highlights the percentage of people in Uganda that have felt harassment or discrimination, based on different categories. It is quite apparent that PWDs in general, and CWDs in even higher regard, experience noticeably more discrimination than others. For CWDs there is also a quite significant gender gap in experienced discrimination, where young female CWDs experience more harassment.

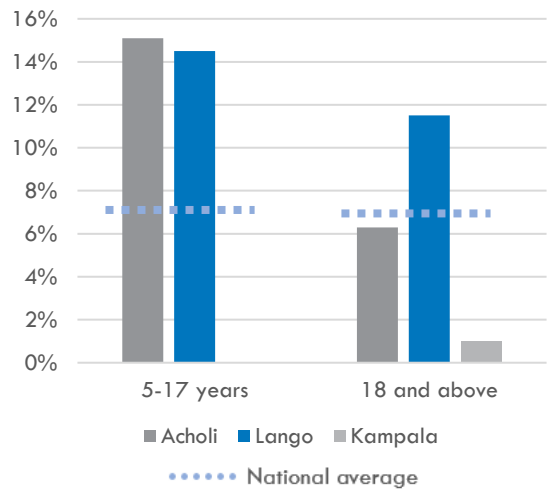
Table 2-3: Persons who have felt discrimination or harassment (%)

	5 to 17 years			18 and above		
	Male	Female	Total	Male	Female	Total
Ethnic or immigration origin	1	1.2	1.1	5.5	5.8	5.7
Gender	0.6	1.1	0.8	2.8	6.2	4.7
Sexual orientation	0.2	0.2	0.2	0.5	0.7	0.7
Age	1.3	1.6	1.4	3.8	4.2	3.9
Religion or belief	0.5	0.5	0.5	2.9	3.8	3.4
Disability	12.9	19.4	16	16.9	12.9	14.5
For any other reason	2.9	2.8	2.8	8.5	9.6	9.1

Source: Uganda Functional Difficulties Survey 2017

As with the number of PWDs, the rate of people that have experienced harassment and discrimination due to a disability is noticeably higher in the northern part of Uganda, as illustrated in Figure 4. The northern districts of Lango and Acholi have visibly higher rates of disability harassment, compared to the capital Kampala and Uganda as a whole. The higher frequencies are especially apparent for children.

Figure 4: Percentage of PWDs who have experienced unfair treatment by sub region



Source: Uganda Functional Difficulties Survey 2017

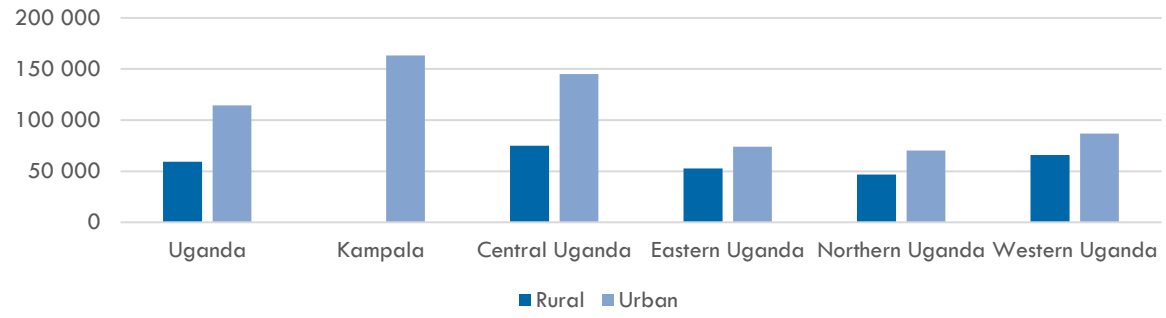
Note: The rate for children aged 5-17 years in Kampala is 0.

To overcome this social barrier, it is necessary to teach communities about the origin of disabilities and that many conditions in fact can be treated. Furthermore, it is important to highlight that CWDs can participate in and contribute to society, as well as lead rich, fulfilling lives. To succeed with this task, communities need to be taught about disabilities and disability management.

Financial constraints

The World Bank estimated that 42 percent of the Ugandans lived on less than 2.15 US$ a day in 2019, and 20 percent live below the national poverty line established by UBOS. Northern Uganda is particularly poorer than the rest of the country. UBOS estimated that in 2016/2017, 35 percent of the children in Northern Uganda lived in households below the national poverty line (UBOS, 2019). The differences in household expenditures by regions for 2020 is illustrated below in Figure 5. Both the rural and urban areas of Northern Uganda have lower monthly nominal consumption expenditures per capita than any other areas in Uganda.

Figure 5: Monthly nominal consumption expenditure per capita in 2019/2020, UGX (in 2009/10 prices)



Source: The Uganda National Household Survey 2019/2020

While the financial situation is a barrier to experience economic growth and pursue an education for everyone in Northern Uganda, there is an additional layer for CWDs closely linked to the previous constraints. Because the families of CWDs initially have limited resources to spend and invest into their children in the form of school fees and food, parents often must prioritize which children they help. Children that are physically prevented from attending school due to their disability, for example, are rarely prioritised. Additionally, the superstition and stigmatization in society can provide an additional barrier to their success, even if they are able to complete their education. This may be part of the explanation to why, according to AFU, school attendance for CWDs in Northern Uganda is much worse than the national average, with only around 5 percent of CWDs being enrolled within the regular public education system (AFU, 2019).

To remove this barrier, it is necessary to both remove the two previous barriers and increase the financial capacity and independence of the families of CWDs. Only removing the previous barriers will not increase the amount of money the family can spend on school fees. At the same time, only financially empowering the families of CWDs will increase their financial capacity, but do little to encourage families to provide the necessary support to their disabled children.

3. Lira Rehabilitation Center Project

Adina Foundation Uganda was founded in 2009 and started operations at the Lira Rehabilitation Center in 2010. The project has developed extensively since then, from mainly providing physiotherapy to children with disabilities, to facilitating surgeries, physiotherapy, educational services, vocational training, advocacy work and providing a range of services and training to members of local communities throughout the region.

3.1 Adina Foundation Uganda

Adina Foundation Uganda (AFU) is an independent organization founded in Lira in the Lango region of Northern Uganda in 2009. AFU initiated the Lira Rehabilitation Center (LRC) project and its activities in 2010. The foundation was assembled with the assistance from the Norwegian humanitarian organization Adina Stiftelsen, and consists of local actors in Lira, as well as representants from Adina Stiftelsen.

At the time AFU was established, it was estimated that the greater area of Lira (Lango district), housed approximately 400 000 people, where 220 000 were children, and 11 000 of these lived with a disability (AFU, 2022). With lack of resources from the government of Uganda to support these individuals, AFU set out to fill this gap by providing rehabilitative services for CWDs around the Lira District and, if possible, throughout the Lango Sub-Region.

AFU's overall objective is to enable CWDs in the Lango region to fully participate as equal members of their communities and has a goal to "put a smile on the face of vulnerable and marginalized children". The core business of this work is to operate the Lira Rehabilitation Centre, through the LRC project.

3.2 Lira Rehabilitation Center Project

The main activity of the LRC project is to assist CWDs by facilitating hospital surgeries and medical services, which are provided usually in an inpatient setting three private hospitals (Kumi orthopedig centre, Cure neurological hospital in Mbale, and CoRSU near Entebbe) and providing rehabilitation treatment at the Lira Rehabilitation Center.

When establishing their services, local experience highlighted that simply offering medical treatments without additional support would not suffice to remove the existing barriers CWDs face. The need for rehabilitation services was a key missing factor, but not the only one. Societal and financial factors that also limited CWDs needed to be addressed as well. Consequently, being considerate to the constraints that CWDs face in the societies in Uganda, the foundation has incorporated what is described as a holistic approach to rehabilitation (Adina Foundation, 2019).

The LRC model works by first providing CWDs with physical rehabilitation while strengthening their self-esteem, assisting them in continuing their education, and general social adaption while in parallel informing their families, teachers, and local communities on important issues relating to the treatment of CWDs. Purchasing services from private hospitals for surgeries while also working with local government and clinics and coordinating with local organizations, AFU has filled a previously unoccupied space for CWDs in its region (AFU, 2022).

The rehabilitation and education services provided by the LRC project are facilitated by staff at the Lira Rehabilitation Center. This is a treatment and teaching facility in the Lira area, from which AFU conduct its operations and most of its teaching and rehabilitation activities. It also works as a headquarters for coordination of activities that are conducted in the outskirts of Lira, for instance when assessing new children that can be eligible for the program. AFU previously rented a similar facility, however, through sponsorship and funding the foundation managed to build their own center, formed to their needs.

During the 2020 to 2024 period, the LRC project has continued its activities, with minor changes to the model. These activities and the changes implemented since 2020 will be highlighted in their relevant sections below.

3.3 What the LRC project does

The activities that the LRC project conducts to help CWDs in the area become fully participating members of society can be differentiated between institutionalized rehabilitation and community-based rehabilitation. Table 3-1 summarizes the different activities and can be found at the end of this chapter.

3.3.1 Institutionalized rehabilitation

Assessment of CWDs

To be able to help CWDs in the Lango region it is necessary for the LRC to first identify potential patients. As CWDs in the past have been isolated due to shame and stigmatization, it is necessary for LRC to go door-to-door informing people about how disabilities could be treated and describing their services. In recent years, however, the LRC has become a recognized institution in the region, with a good reputation, and the demand for assessments comes from the households themselves.

Before being able to treat CWDs, LRC assesses their condition to decide their needs and possible treatment pathways. This is an important first activity, that initiates the upcoming activities of the foundation in their model.

Treatment of CWDs

The core operation of the LRC at this stage is to help CWDs in the Lango region get medical attention to treat their condition through corrective surgeries. This includes facilitating comprehensive medical operations, when needed, and/or performing smaller treatments in cases of less severe conditions. This also includes conducting follow-up visits and providing post-treatment rehabilitation.

AFU facilitates surgeries to be performed at private surgery centers, by offering to transport the children to and from the hospitals and pay for any costs that may occur. Which hospital the CWD is treated at depends on their medical condition and which hospital has the competence to perform the right treatment. Surgeries are in general conducted at CoRSU Rehabilitation Hospital in Kisibu, near Kampala.

The majority of CWDs that are treated as part of the LRC program do not need surgeries or complex medical treatments and are thus treated in an outpatient setting at the Lira Rehabilitation Center. The children are offered physical therapy and training. These services are performed by staff at LRC, who are experienced physiotherapists. Being considered as low-risk and therefore not requiring direct follow-up unless their condition worsens, these CWDs are discharged after treatment and live at home. To ensure a healthy rehabilitation and prevent relapses, AFU has implemented a catchment system. The CWDs guardians, nearby PSGs, and/or village leaders have LRC or AFU contact information, so that they can be contacted in case any situation might arise by which the CWD would need follow-up or new treatment (AFU, 2019). This goes together with the case-by-case judgement which LRC makes regarding the vulnerability of each discharged child and their need for follow-up.

Those children whose disabilities imply that they need inpatient, hospital treatment, are afterwards admitted to the LRC and housed at the center during the course of their rehabilitation process, which is often longer than that for outpatient only children. Whether or not a child is treated as an inpatient is dependent on the severity of their condition and recovery, the length of their rehabilitation period, and whether they are at risk for a relapse upon discharge due to the nature of their surgery or home life which they are returning to.

As a way of continuing to help discharged children, staff from AFU regularly travel to the homes of the treated children to go through follow-up, consisting of physiotherapeutic assessment and training, as well as a general assessment of the child's living conditions.

3.3.2 Community-based rehabilitation

The community-based rehabilitation aims to improve and stabilize the home and communal lives of CWDs by empowering them, as well as their parents and surroundings.

Empowering treated CWDs

These activities cover all the educational activities and support to treated CWDs, aimed at empowering them after their treatment:

- Confidence and self-esteem counselling
- Catch-up classes
- Vocational training and start-up kit
- Sponsoring of scholastic materials
- Sponsoring of school fees

Confidence and self-value counselling are activities aimed at helping the CWDs gain confidence and understand their value in society, to help them understand that they are more than capable to be participating members of society. Catch-up classes are educational courses taught at the LRC aimed at ensuring that treated CWDs do not lag behind in the school curriculum while staying at LRC. Many of the CWDs have previously not attended school due to being isolated. Thus these catch-up classes also serve the purpose of recovering as much ground as possible to facilitate their re-entry into education.

Vocational school training is provided to CWDs who are of an age at which enrollment into primary school is not realistic, and thereby can benefit from vocational skills training. After completing the vocational training, the CWDs are offered a start-up kit to help them jump-start their careers. These kits may include, for instance, a sewing machine, or other small capital needed and that fits their vocational training.

In addition to educational courses, CWDs with parents that cannot support their child with school fees, have

been assisted by a system which have seen CWDs complete primary and secondary school over the course of several years. This system involves the sponsoring of the children's school fees and necessary scholastic materials enabling them to pursue an education despite their financial difficulties.

Since 2016, LRC has begun phasing out secondary school aged students' sponsorship and opting for vocational school training of older aged rehabilitated CWDs. This was due to the semester long commitment of vocational training, high rates of entrance into commercial activity, and to avoid the potential multi-year arrangement of sponsoring a secondary school aged CWD. From 2020, LRC have also begun phasing out primary school student sponsorship of CWDs in favor of increasing scholastic material sponsorship. This was done to avoid the multi-year commitment of assisting some CWDs in enrollment at a boarding school versus assisting greater numbers of CWDs in attending their local community schools. It is believed that higher rates of local school attendance by CWDs would be fulfilled by providing them with school materials which the purchase of is cost prohibitive for parents, more so than the average nominal fee of 60,000 UGX annual in school fees (NOK 150), a fee which AFU encourages parents of CWDs to take responsibility for (AFU, 2019).

Empowering parents and communities of CWDs through PSGs

Many of the parents of CWDs did not know what afflicted their children, how to treat them, or that treatment existed for their conditions. Consequently, AFU recognized that sending the rehabilitated children back to homes and communities without informing their families and/or custodians about the treatment and needs of CWDs could trigger relapses or greatly limit their quality of life. As a result, LRC has relied on the creation of Parent Support Groups (PSGs) as an essential part of their work to educate and empower the parents and communities of treated CWDs.

On average these are groups of 15 households of treated CWDs living relatively close to each other, established to create a strong system of support for the parents. The groups meet regularly to share information, provide each other with support if possible, and manage a series of shared financial activities. The goal of the PSGs is to create safer and more stable and informed homes for the rehabilitated CWDs to return to. To achieve this through the PSGs, the LRC conducts activities such as:

- Classes in:
  - disability management
  - rehabilitation techniques
  - disability sensitivity
  - rights of CWDs
  - Functional Adult Literacy (FAL)
  - Home economics
  - Gender Based Violence (GBV)
- Savings scheme management
- Income Generating Activities (IGA)

The educational classes initiated in the PSGs are taught by LRC staff at PSGs meetings and are meant to teach parents about how and why their children got their condition, and how they can help their child become as healthy as possible through medical treatment, physiotherapeutic rehabilitation techniques and mental support.

The taught material also cover classes in functional adult literacy and home economics. These courses include basic arithmetic and economic principles to help empower them financially and enable them to take more responsibility for their saving and expenditures. In addition, the staff of LRC offer classes on gender-based violence, which is thought to reduce conflict and injuries in the households, making the household more stable and safer for returning CWDs. It is also recognized that some of the disability conditions are due to GBV, and thus can the classes help reduce the number of CWDs in the communities.

The classes are also an important activity to increase knowledge about disabilities within the communities, and thus reduce the stigmatization of PWDs. The parents in the PSGs are encouraged to communicate and share their thoughts with other individuals in their communities to help spread what they have learnt.

A key component of PSG activities is the savings scheme management unit, which is organized as a Village Savings and Loan Association (VSLA). This is a self-managed and self-capitalized group of individuals, who pool their savings together and provide loans to group members from the pooled funds (Ksoll, 2016). Members of the PSGs meet regularly and pool their savings in a common fund, from which the members can borrow (at an interest) and invest in for example income generating activities or education for their children. With limited opportunities to borrow elsewhere, this gives the members of the PSG access to capital, which can empower them financially.

Multiple studies have analyzed the effects of VSLA programs along different outcomes in Sub-Saharan Africa. A seminal study found clear positive effects on participants' financial behavior, where individuals used share-out money to pay for their children's school fees (Karlan, 2014). Another study points to an increase in the use of fertilizers and improved seed varieties, which in turn increased income for group members (Ksoll, 2016).

Upon creating the PSGs, a leader of the group is democratically elected. This process, as well as some of the PSG meetings (particularly those in which classes are taught) are run by LRC staff. The aim is, however, to help the group become self-sufficient over time, and that meeting are eventually all run autonomously.

A second important financial activity that LRC is conducts through PSGs is to introduce members into a range of possible income generating activities. For instance, a family of a rehabilitated child may be given two female goats, to start-off a goat-herding activity within the household. The goats generate income through their produce and from enabling the family to sell young goats as they multiply. With this extra income, the families are empowered financially, which eventually can help stabilize the household and improve the household members living conditions. Many of those who have obtained goats have saved enough from their returns to invest in cows, which again provide further financial benefit to the families. Evidence from literature suggest that such interventions might be effective in terms of lifting people out of the so-called "poverty trap" by lifting them above a certain asset threshold, including a recently published article on the effects of a randomized asset transfer (the assets are cows) to households in rural Bangladesh (Balboni, et al., 2022).

A particularly interesting example is a PSG that started out with goats, saved to buy a cow, invested money into starting a catering business, and now provides catering services to large gatherings and events throughout the district. We will come back to this example in the proceeding chapters.

Table 3-1: Activities of LRC

Activity	Content	Purpose
Institutionalized rehabilitation		
Assessment of CWDs 	Inform communities about how disabilities can be treated and the services of LRC. Identify and assess CWDs that may need the services of LRC	Find individuals that may benefit from LRC's model for treatment of CWDs
Treatment of CWDs 	Facilitate for treatment of CWDs condition through surgeries or treatment at LRC. Rehabilitate and help the children improve their physical condition.	Remove the physical constraint that CWDs disability may impose.
Community-based rehabilitation		
Empowering treated CWDs 	Educate treated CWDs about their value and give them the confidence to become participating members of society. Provide them with catch-up classes and scholastic materials, or vocational skills that help them reach their potential.	Help treated CWDs believe that they can become participating members of society.
Empowering parents and communities of CWDs through PSGs 	Educate the parents and communities of treated CWDs about their condition and their potential. Initiated activities that empower the parents and communities financially and regarding knowledge about how CWDs can contribute to society.	Remove the financial and social barriers for CWDs to become active members of society.

4. Methodology

This evaluation is based on the OECD DAC guidelines for evaluating policy interventions (OECD/DAC, 2019). Following the Terms of Reference, we assess the project's impact, effectiveness, efficiency, and sustainability using a combination of quantitative and qualitative indicators.

4.1 Framework and scope

Our evaluation is based on the updated OECD evaluation guidelines (OECD/DAC, 2019) which propose six evaluation criteria and two principles of use. The principles of use state that evaluation should be conducted in a thoughtful way, taking into consideration the context for the intervention and for the evaluation itself.

The present evaluation will assess Adina Foundation Uganda's work in the Lira Rehabilitation Centre, located in Lira, Northern Uganda. This is a midterm assessment of the project which is currently receiving funding from a NORAD Framework Agreement for the 2020-2024 period. As part of its agreement with NORAD, AFU regularly reports its achievements in terms of outcomes and outputs, as well as costs and other unexpected issues. Given this yearly reporting and the fact that this is a midterm evaluation, this report will focus mainly on the project's short-, medium- and long-term **impact**. To this end, Oslo Economics has been engaged for this task to provide an external, objective assessment of the project's progress towards its goals. We will also include assessments of **effectiveness**, **efficiency** and **sustainability**.

4.2 Impact

Our assessment of impact is focused on overarching, high-level effects of the Lira Rehabilitation Centre Project run in partnership between AS and AFU since 2010. We assess the impact of the LRC project over the current grant period and reflect on its impacts over the entire duration of the project's existence, that is, twelve years until 2022.

The driving goal behind AS and AFU's work in the LRC is to help CWDs be active, engaged and accepted members of their societies (Box 1).

Box 1 – Lira Rehabilitation Center's overall goal

To help poor and marginalized youth and children in Northern Uganda maximize their potential as active, engaged, and independent members of their local communities and society.

CWDs treated by the project face multiple barriers towards becoming active members of society, as covered in 2.1.2, and detailed in Figure 2. In line with this, our assessment of impacts will focus on the three levels, namely physical barriers, social barriers and financial barriers.

The key research question of this component is:

- Is there evidence that the Lira Rehabilitation Center has contributed to helping children with disabilities become more active, engaged and independent members of their communities?

High level project objectives assessed under the impact criteria are rarely suitable for rigorous quantitative analyses. As in this case, project goals are often defined at a high level and as opposed to the effectiveness criteria, are not directly operationalized in terms of clearly defined indicators. We thus assess progress along the impact dimension by relying on interviews with a wide range of actors, including children who participated in LRC's program, conducted during September 2022.

Our findings related to this criterion are presented in Section 0.

4.3 Effectiveness

We next assess whether the LRC achieved its stated objectives based on the outcomes and outputs defined in the project's results framework (Appendix A). The results framework defines said outcomes and outputs clearly and includes targets for each year during the current framework agreement. This allows us to track the project's progress by 2022 compared to its initial ambitions and measure the likelihood of it reaching its endline targets for 2024.

Key inputs into our assessment of effectiveness will be the data collected by AFU during their routine reporting procedures, including the measurement of key indicators up until Q3 2022, the time of writing

this report. In most cases, fulfillment of the expected outcome may be verified relatively easily (e.g., the number of children attending the program). When accurate information regarding the degree of achievement of specific objectives is lacking, we supplement this with the interviews conducted to both AFU staff and other relevant stakeholders.

Our evaluation of this criteria is presented in Section 5.2.

4.4 Efficiency

Efficiency is understood as a measure of how well resources were used and whether the bilateral cooperation delivered results in an economic and timely manner.

AFU has tracked its resource use in this project in a detailed manner, enabling us to quantify its contribution to the project with a relatively high degree of accuracy. However, credible benchmarks with which to compare the program's performance are hard to come by. The services provided by LRC are not standardized, and comparable prices in the market to serve as proxies are not available, least of all from contexts such as Northern Uganda. Without these, it is not possible to estimate the value for money (VFM) of the program.

We do thus not evaluate efficiency as compared to external benchmarks in this current report. Instead, we discuss key issues that could contribute (or undermine) efficiency in similar programs, such as the existence of monitoring and evaluation (M&E) methods for measuring outcomes, planned vs actual project costs, and the degree of coordination between AS and AFU in running the planned project activities (SIDA, 2020).

Our assessment of project efficiency is presented in Section 5.2.4.

4.5 Sustainability

Finally, we assess the sustainability of any documented effects and impacts. We assess the real and perceived resilience of any achieved impacts and discuss their likelihood to withstand the challenging environment in which children with disabilities operate in Northern Uganda.

An important aspect of this component is to assess whether the project's activities were designed and conducted in a sustainable manner. One part of this is the sustainability of the activities directly related to the follow-up and rehabilitation of the children, for example ensuring that they can attend school by paying for school fees or helping them with permanent transportation to the school. If the sustainability aspect of these activities is not in place, AFU may succeed in helping the children from a medical standpoint but fail in their goal to help the children become active, engaged and independent members of society because the children need further assistance and facilitating to blossom.

A second part of the sustainability aspect concerns the sustainability of the activities set in motion to strengthen the children's surroundings. This covers both the IGA and PSG activities, and for instance whether a "Training of Trainers" approach has been implemented, or if there are any other mechanisms set in place to disseminate the achieved results across the communities. Mechanisms for knowledge transfer is essential for the activities of Adina to not only provide a one-time increase in economic activity and understanding of the rights of PWDs, but to help ensure that the results of these activities are creating long-lasting changes.

In line with the impacts assessment, the assessment of the sustainability of the impacts will follow the barriers that CWDs face in their daily lives in Northern Uganda. Our assessment of sustainability is presented in section 5.4.

4.6 Attribution of impacts

An important note should be made when it comes to our assessment of attribution of impacts. The current midterm assessment is not based on a randomized nor quasi experimental design, the preferred approaches for causal inference in project evaluations (Glewe & Todd, 2022).

Instead, we strive to collect as much relevant information on the impacts and outcomes of the project to date and compare it with a scenario in which LRC would not be in place. We construct this alternative scenario based on two sources of data: narrative impressions from our interviews and quantitative information on the current state and challenges for children with disabilities in Uganda. LRC provides services that are not widely available in the Ugandan context, so the general situation of children living with disabilities, and their families, in Uganda is a suitable counterfactual for what their fate would be but for LRC's work in Lira.

5. Findings

The LRC project has a substantial long-lasting impact on its beneficiaries. The LRC provides CWDs with substantially higher quality of life, exemplified by our case studies and interviews. Other project activities benefit the families of the CWDs and their communities, increasing the likelihood of CWDs having an improved life after LRC support. The covid pandemic has affected project effectiveness during 2020 and 2021 but the LRC is on its way to meet its 2022 targets. Project impacts appear to be solidly designed and likely highly sustainable over time. The capability to adjust to changing circumstances and the existence of a reliable monitoring and evaluation system suggest that the project is being implemented efficiently.

5.1 Impact

We structured the analysis of impact in relation to the barriers that CWDs in Uganda face (Figure 2). The first part studies the degree to which the LRC's support and activities have reduced the physical barriers faced by CWDs. The second part asks whether the LRC's activities have managed to reduce the social constraints imposed on CWDs and whether CWDs have managed to become more active and engaged members of their society as a result. The third and last section studies the impact of the LRC project on the financial constraints that families with CWDs face.

To assess the different parts of the project's impact we conducted interviews and workshops with people who have participated in different parts of the LRC program's activities. Three individual interviews were conducted with CWDs that suffered from severe physical disabilities and received a broad range of services from the LRC.[2] These helped inform our assessment of impacts from the CWD's perspective. Two workshops were also conducted with representatives from different PSGs. These were especially informative for our assessment of impacts both on financial and societal barriers.

The LRC supports children with disabilities throughout the course of several years. Because of this, we judged it necessary to approach individuals who had relatively long experience with the LRC programme to properly grasp the impact of interventions that span multiple years for each individual child. Two of the three individuals interviewed had their first contact with the LRC in 2011, while the third was introduced to the project in 2017. Our conversations with LRC staff, AFU staff and AF staff all confirmed that the experiences of children welcomed into the program during these years would be similar and representative of the experience of similar children being introduced to the LRC during the 2020-2022 period, the actual period of interest in this evaluation.

5.1.1 Impact on CWDs physical barriers

The physical barrier that most CWDs being introduced to LRC experience is the lack of mobility to attend school and activities in their communities due to their disability. However, in some cases, the physical barrier may also be more severe as their injuries requires immediate attention. Jacob represents one of these cases.

[2] To protect the identity of the respondents we refer to them with fake names and avoid disclosing details regarding their type of disability, place of birth and residence and any other detail that may allow for identification.

Box 2 – Case study 1: Jacob

Jacob grew up in outskirts of Lira and was in urgent need of medical help in 2011, when he got in contact with LRC.

With financial and logistical support from LRC, Jacob was successfully treated at a regional hospital. Following the surgery, Jacob was housed at the Lira Rehabilitation Center for two years, receiving physiotherapeutic support to enhance his mobility. Jacob is currently able to walk without assistance from others.

During 6 of the 24 months Jacob spent at the LRC he received vocational training as a tailor. Once his training was complete, he was provided with a sewing machine to start off the trade he had learned at LRC. As a result, Jacob was able to pursue a career as a tailor, his main occupation to this day.

Today Jacob has started a family, and besides tailoring he works to identify other CWDs in his community and get them in touch with LRC to receive help. He also participates as a volunteer in community-sensitization campaigns regarding the management of disabilities.

The medical treatment facilitated by the LRC and the rehabilitation activities run at the Lira Rehabilitation Center are at the core of LRCs work. Jacob's successful experience with these does not appear to be an exception. The two other CWDs treated at the Lira Rehabilitation Center interviewed also explained how the medical treatment and rehabilitating activities facilitated and performed by LRC changed their lives with regards to physical mobility, and allowed them to physically participate in society. Parents of CWDs from the PSG groups who participated in the workshops explained how they previously were very concerned about the condition of their children, and how the LRC program helped them achieve an unexpected level of independence and autonomy. In those cases where the conditions were so severe that the children's mobility could not fully recover, LRC has granted the children with aides and equipment such as wheelchairs. In addition, LRC has worked to ensure that ramps and similar supporting equipment are installed at the children's school to reduce the physical barrier to a minimum.

Reducing physical barriers opens the doors for CWDs to participate in other aspects of life. The development in Jacob's professional and personal life following his medical intervention is an example of this and is supported by other testimonies collected during this evaluation. The other two interviewed CWDs, who were younger when they received treatment, explained how their increased mobility allowed them to return to school, for example Parents from the interviewed PSGs added that the medical treatment had enabled their CWDs to participate and contribute in family chores and activities, as well as return to school and join community gatherings.

In short, our interviews with CWDs and workshops with PSG participants revealed two key findings. First, we found consistent reports that the LRC's support of medical treatment and their provision of rehabilitation at the Lira Rehabilitation Center leads to life-changing improvements in quality of life for the treated CWDs. There are barriers regarding information, access and finance that prevent families of CWDs in the region to consider that their children may overcome or reduce their physical challenges to any significant degree. The LRC addresses these barriers by providing information, transport, financing hospital treatment and providing rehabilitation treatment at no cost for the families. Secondly, physical treatment and therapy enables CWD to enter (or re-enter) life as children and engage in education and/or professional training, also supported or provided by the LRC. These educational activities play a key role in enhancing the child's autonomy in the future, particularly in light of the fact that many CWDs have not received normal schooling and thus have an educational deficit to recover once treated.

5.1.2 Impact on CWDs social barriers

Reducing or even removing the physical constraints that CWDs suffer from does not necessarily mean that they are invited or even allowed to participate in their communities. Our second case study Jane is an example on this.

Box 3 – Case study 2: Jane

Jane grew up with a disability that left her parents worried about her health and future. There was significant stigma attached to disabilities in the community she and her family lived in, and it was a common belief that disabled individuals were cursed.

Due to the stigmatization of PWDs in her community, Jane was regularly abused and discriminated against by neighbours and other individuals in her community. These actions made her parents even more concerned and led to Jane living an isolated life inside her home to prevent further abuse.

When Jane got in contact with LRC she was taken to a local hospital to undergo surgery for her disability. Following this, she spent two years at the Lira Rehabilitation Center receiving rehabilitation which eventually helped her walk independently. LRC continued to support Jane by sponsoring her school fees. She is currently attending boarding school and is performing very well academically.

LRC has also worked to enlighten and educate Jane's community about the origins of disabilities and how to manage these thorough the PSGs. The neighbours and community members that previously verbally abused Jane, now approaches her with compassion and admiration of her progress.

The LRC provided Jane with the treatment and support needed for her to be able to pursue an education. However, the actions conducted by LRC to reduce the social barriers were arguably just as important for Jane to be allowed to participate in her local community. The change in her community's mindset shows how these activities can reduce the barriers preventing Jane and other CWDs from being active, respected members of their communities.

Stigmatization and discrimination against PWDs is unfortunately still a common problem, especially in rural Northern Uganda. Jane may still face it later in her life. However, the confidence she gained from having the support of her local community is and will remain very important. While she is thriving in school, this impact is empowering her to take part in her community and use her newly acquired knowledge to help it prosper.

Several interviewed individuals from the PSGs reported to have had experienced a similar impact from LRC's actions. They explained how the education and courses run by the LRC in PSGs and other wider community meetings have improved the communities understanding of the origin of disabilities affecting their children. In this context, individuals from the PSGs highlighted the importance of the gender-based violence and disability management courses. These courses have enlightened the groups on how to resolve conflicts as well as recognizing PWDs as a resource in their communities. This has enabled CWDs and their parents to participate in community decisions.

AFU and LRC board members stated that gender-based violence is a significant contributor to disabilities in the region. The United Nations Population Fund (UNPFA) reports that the national prevalence of gender-based violence against teenagers (aged 15-19) in Uganda was 23,5 percent in 2016, with reports of violence increasing since then up to 2020 (UNFPA Uganda, 2021). Injuries resulting from these reported events, including defilement or exposure to sexually transmitted disease, are common and also on an increasing trend in recent years. Teaching people on how to avoid this kind of violence via PSG and other community-wide meetings can thus be an important component in reducing the number of PWDs in the area.

From the interviews it is quite clear that the activities of LRC aiming to reduce the social constraints of CWDs can have a strong impact. The impact in the testimonies we gathered is prominent as the abuse and harassment CWDs previously experienced from their communities have turned into respect and care. While the true impact of these activities at an institutional level are harder to establish than those of receiving life changing medical treatment (or rehabilitation), we judge it highly likely that LRC's activities have had a significant impact on reducing social barriers, at least at the level of the neighbourhood or village.

5.1.3 Impact on CWDs financial barriers

Families with CWDs in rural Northern Uganda often face stark financial barriers. The effect of these barriers is that CWDs lack the resources and support they need to participate in education, develop other professional skills and become participating members of society. Our final case study Lucas is an example of this.

Box 4 – Case study 1: Lucas

Lucas comes a small village in rural Lira. He struggled with a physical disability and was not able to walk. Lucas' family is very poor, and he was the youngest of six siblings. The limited family resources were spent supporting Lucas' two eldest brothers through primary school (they did not manage to complete it). As a result, he had little experience with schooling before getting in contact with LRC.

In 2011, Lucas got connected with the LRC. The foundation came to the village, assessed him, and brought him to the Lira Rehabilitation Center. He was taken for surgery to a regional hospital and later received 6 months of rehabilitation at the center, which helped him walk again.

After Lucas was brought home, LRC supported his parents paying for his school fees and scholastic materials to ensure that he was able to attend school. With access to education, Lucas pursued a medical education.

As of today, Lucas has completed his professional education, and with this became the first and only member of his family to achieve this. He moved to Kampala and started working as a laboratory technician.

Lucas now sends remittances back to his family to provide his parents and some of his siblings with financial support.

Lucas' story is a clear example of the set of activities the LRC conducts aimed at relieving the financial burden on CWDs and their families. Other CWDs experienced similar benefits from these activities. Jane (our case study from the previous section) is currently thriving in boarding school due to LRC supporting to help her parents pay for her school fees, and Jacob (case study from the first subheading) is making a living for himself as a tailor due to the vocational training and start-up kit provided by the LRC. These sponsoring activities conducted by the LRC economically empower the treated CWDs, reducing their financial barriers to pursue an education. At the same time, the individual sponsoring of CWDs provides the LRC with significant flexibility, as they can adjust the degree of support or the focus of the training according to the child's needs, context and effort.

The LRC also conducts activities aimed at improving the financial situation of CWDs and their families, in particular the management of VSLAs and the financing and organizing of IGAs. In the interviews with the children who have participated in the LRC program, the impact on their families and surroundings from the LRC was highlighted multiple times.

For instance, Lucas explained that the LRC initiated a piggery project to support the families of CWDs in his community. The initial investment (the first set of pigs) was financed by the LRC; as well as initial training for the participating families. Simultaneously, the LRC started a village savings scheme, including not only the parents of CWDs but also any other household from the community who wished to join. Lucas explained that these projects helped his family and the rest of the community and enabled them to save and invest in projects that have since then improved their standard of living. Jane's parents received goats and beehives from the LRC. She explained that her parents now sell honey and goat milk at the local market, allowing them to partially pay for her school fees.

The PSGs we talked to have been active for about 10 years and have doubled and fivefold their initial members count respectively. Individuals from both groups PSG explained that they are overwhelmed with the help and support they have received from LRC. Many mention the medical attention the foundation has provided for their children, and how this has reduced stress and worry in their lives. However, many individuals also indicate that the supporting activities, for instance IGAs and tuition, has helped them just as much.

The most prominent input from the groups is the initiation of income generating activities. Many of the group members have received goats from AFU, that eventually have multiplied and provided them with economic benefits. For instance, some have sold their goats to buy higher value assets like cattle, while others have sold their goats to buy land which they use to grow more food. Either way, the IGAs have helped them to elevate financially, and enabled the individuals to easier take care of their everyday needs or for instance pay for their children's school fees.

In relation to the IGAs, the importance of the FAL classes is highlighted multiple times. The tuition enables the individuals to do arithmetic calculations, which for instance help them correctly calculate the amount they can sell their goods for at the market. Supported by the opportunity to save their assets through the savings scheme, this is essential to empower the parents of the CWDs economically.

The impact of these activities is best exemplified through the results that one of the PSG's has achieved. Through the IGAs and savings scheme, the PSG has saved and accumulated enough capital to provide

catering services in their community. From this income, the group voted on and decided to buy plastic chairs, which they are now renting out to the society for different happenings. This income is again pooled into the savings scheme, and the group has managed to buy a plot of land, on which they have built a four-room permanent building, serving as the group's office and storage.

From the input it becomes quite clear that the activities initiated by LRC has helped improved the financial surroundings of the treated children. The improvement has enabled the parents to for instance pay for school fees and reduce financial stress that may have a negative effect on the lives of the CWDs, their families and communities. In sum, it is our belief that these activities have helped reduce or even remove the financial barrier preventing treated CWDs from gaining the skills and knowledge to become active members of their communities.

5.1.4 Spillover effects on the wider community

The main focus of the project, and our report, is the impact created by LRC on the lives and surroundings of CWDs and their families. However, we also find that the project's activities have significant spillover effects on the wider community, beyond just the families of CWDs.

This is particularly striking when it comes to PSG activities. In many cases, all adults in the village are invited to join the activities. Parents from families without CWDs can and have participated in adult literacy classes, gender-based violence classes, and in many cases have even been included as part of the VSLA started up by the LRC but administered autonomously by each PSG.

These additional participants in PSG activities come at a very low marginal cost for the project since the courses are being held anyway. In some cases, a member of the PSG takes over the responsibility of leading FAL classes, as we heard from one of the interviewed PSG groups, resulting in zero cost for the LRC. Consequently, the LRC project's impact is increased in an efficient way. These spillover effects are a positive attribute of the project, that makes the LRC model stand out among other NGOs working in the region, according to one of our interviewees representing the NGO forum and the Ministry of Gender.

5.2 Effectiveness

We next assess whether the LRC achieved its stated objectives based on the outcomes and outputs defined in the project's results framework (Appendix A). The results framework defines said outcomes and outputs clearly and includes targets for each year during the current framework agreement. This allows us to track the project's progress up until Q3 of 2022 compared to its initial ambitions and measure the likelihood of it reaching its endline targets for 2024. We highlight results at the outcome level in this section and provide a detailed summary of results at the output level in Appendix D.

5.2.1 Outcome 1 – CWDs are rehabilitated

Figure 6 presents target values and achieved results for outcome 1, "CWDs are rehabilitated".

Figure 6: Progress Outcome 1 – CWDs are rehabilitated

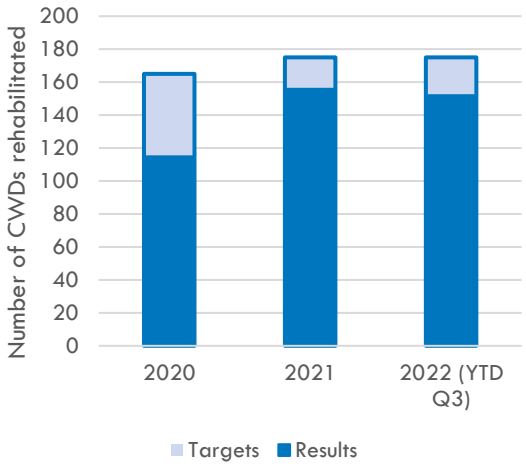


Illustration: Oslo Economics based on LRC progress reports

The outcome indicator is defined as the number of children with mobility problems or disabilities that have been rehabilitated via physiotherapy alone or in combination with corrective surgery by the LRC each year. The targets in year 1 and 2 were 165 and 175 rehabilitated CWDs at LRC while the results were 115 and 156 (70 and 89 percent achievement, respectively).

The disappointing results of 2020 and 2021 must be seen in light of the covid19 pandemic which imposed significant constraints on the treatment and housing of children. Although the LRC is certified as a "children's home" and thus was allowed to operate under instructions from the Ugandan government, the guidelines limited the number of children that were allowed to stay at the center. In addition, LRC had to adapt the medical activities to the restrictions of its surgical partners (AFU, 2022).

The pandemic especially affected the number of more complicated and time-consuming surgeries that were offered. These surgeries require more rehabilitation and the treated CWDs need to stay at the Lira Rehabilitation Center as inpatients for the duration of their rehabilitation process. With capacity restrictions imposed to the center, the LRC was not able to help as

many of these children as intended (AFU, 2022). The number of completed surgeries of these cases is a driving factor for the output linked to the number of CWDs rehabilitated through inpatient services at Center.

The funds and capacity saved from the forced reduction in the number of comprehensive surgeries made it possible for the LRC to send more patients to Cure hospital, where neurological cases are treated. These surgeries require less follow up as the patients are predominantly of such a young age that they cannot stay at the Lira Rehabilitation Center and therefore must go directly home after surgery. Consequently, the LRC was able to exceed the target for surgeries in 2021 with 102 completed against the target of 100 (Appendix D). LRC's ability to turn around and adjust the number of activities in relation to the restrictions is sign of the project's capacity to adapt to adverse situations.

As per Q3 of 2022, the LRC is on track to meet its year 3 target of 175 rehabilitated children, having already treated 152 CWDs in the first three quarters. Barring any significant financial constraints arising in the near future (see Section 5.5), it appears as if the level of operations at the LRC has recovered from the pandemic period and is in shape to reach its intended targets in the agreement with Norad.

5.2.2 Outcome 2 – CWDs attend school

Figure 7 presents target values and achieved results for outcome 2, "CWDs attend school", defined as the number of CWDs annually attending school after being discharged from LRC via school enrollment sponsorships and/or support via scholastic materials. Unsurprisingly, the project failed to achieve the set targets for the first half of the project period. While the targets for school attendance were 132 for 2020 and 136 for 2021, the result were 60 and 62, less than half the target number in both years. The only output that has been met is the number of ramps constructed in 2021 (Appendix D). Particularly off target is training of disability management to schoolteachers, which has not been conducted at all. The other activities have been performed, but to a lesser extent than targeted. However, as of Q3 2022 it appears that the project is well on its way to meet the targets for the year.

As was the case for outcome 1, the results related to this outcome were greatly affected by the covid19 pandemic. Most Ugandan schools remained closed throughout the years of 2020 and 2021, except for the few schools that could fulfill stringent demands by the government. In the Lira area, only Truth Primary School, where some sponsored students attend, was open for part of the period (AFU, 2022).

Consequently, the number of CWDs attending school is very low for both 2020 and 2021.

While the target for the number of CWDs that attend school was not met during the pandemic, the result for 2022 is promising, as this is the first "normal" year of the project period. While it is still unclear whether the LRC will achieve its target for 2022, the level of achievement has improved significantly and is better placed for reaching its stated targets in the last two years of the agreement.

Figure 7: Progress Outcome 2 – CWDs attend school

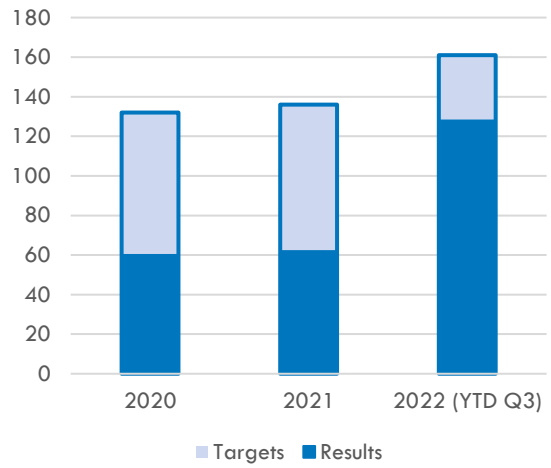


Illustration: Oslo Economics based on LRC progress reports

5.2.3 Outcome 3 – Parents of CWDs improve their livelihoods

Figure 8 presents target values and achieved results for outcome 3, "Parents of CWDs improve their livelihoods". This indicator is defined as at 66 percent of PSGs with a majority of the group's households showing an increase in income. The results are however measured at the household level, and include all households that have participated in a PSG savings scheme 6 months after the PSG was founded.

Figure 8: Progress Outcome 3 – Parents of CWDs improve their livelihood

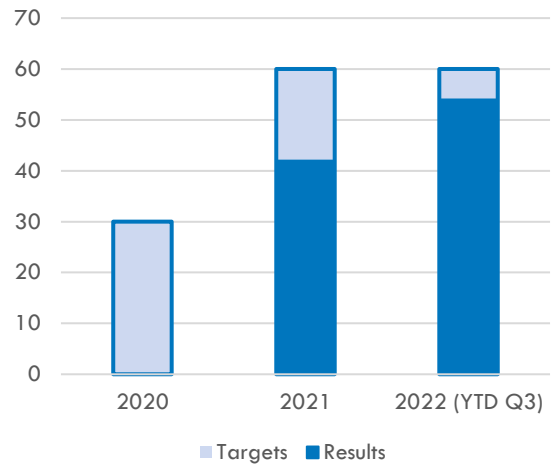


Illustration: Oslo Economics based on LRC progress reports

In 2020, no PSGs were established, so there were no activities related to outcome 3. In 2021, the activities related to this outcome resumed as village-level activities were allowed during parts of the year. That year, the number of households with an income increase since project inception were 42, whereas the target was 60. In 2022 it appears that LRC is on its way to meet the target of 60 households, with a total of 54 with 3 months to go until the end of the year.

As with the former outcomes, the pandemic also made a great impact to the performance of this outcome. In 2020, establishing new PSGs was impeded by revere restrictions against large gatherings of people. However, the LRC adapted to the situation and continued to assist established groups under special circumstances and initiatives (AFU, 2019). Restrictions in 2021 limited the number of new PSGs to 3, but the project continued to maintain contact with the network of existing PSGs to help coordinate various initiatives (AFU, 2022).

5.2.4 Overall project effectiveness

The achieved outcomes for 2020 and 2021 show that the project in general has failed to meet most of its desired targets. This comes as no surprise, given the fact that the covid-19 pandemic limited the level of service provision the LRC was able to do. The pandemic's impacts were felt even in 2022, but the numbers suggest that it was particularly challenging for activities planned for the year 2020.

However, some level of activity was maintained during the pandemic period. In particular, the number of treated children kept a relatively high level, of 70 per cent of its target level in 2020 and 89 per cent of its target level in 2021. A part of this results must be attributed to efforts put in place during the pandemic period to mitigate a decline in the activity level. For instance, AFU managed to collaborate with the authorities and the police in order to receive a special permission to perform some of their activities while strict restrictions on activity in the general society were still present.

Activities partially resumed in 2021, and although initial targets were not met, there were significant improvements on most outcome and output indicators between 2020 and 2021. For the year 2022, however, the project seems on course to deliver on most of its intended targets. In a context of some lingering effects of the pandemic and rising levels of inflation, this is a significant achievement by the LRC project.

5.3 Efficiency

Efficiency is understood as a measure of how well resources were used and whether the bilateral cooperation delivered results in an economic and timely manner.

Our interviews with AFU staff indicate that the level of activities and deliverables have been reduced significantly during the project period due to the covid pandemic. The current rising levels of inflation in Uganda has made it even more difficult to maintain the desired level of activity within the project budget. Our interview with the representative from the financial department in particular, revealed that measures have already been put in place to increase the operational efficiency of the activities, for example by visiting different villages on the same day and thereby saving fuel costs. The implementation of such measures suggest that AFU staff is seeking ways to increase efficiency, increasing the probability that the project activities are being conducted efficiently throughout the project period.

Importantly, the LRC project has in place a detailed and systematic monitoring and evaluation framework, providing project stakeholders with updated and relevant information about project progress and cost. Such regular and detailed information updates allow project decision makers to evaluate the project efficiency continuously, and to put measures in place if the relation between project costs and output develops in an unsatisfactory manner. This increases the capacity of the project to achieve desired outcomes in an efficient manner.

5.4 Sustainability

To assess the sustainability of the impacts detected we rely on insight from annual reports and interviews with AFU staff, individuals from the PSGs and the CWDs treated at the Lira Rehabilitation Center. It is essential to discuss the contributing factors and challenges

affecting the likelihood that the results can withstand the environment in which CWDs operate in Northern Uganda. As per our assessment of impacts, we will differentiate between the different barriers CWDs in Northern Uganda face.

5.4.1 Sustainability of the impact on physical barriers

The impact directly related to corrective surgeries of children is highly sustainable by nature. Even though the children treated by the LRC present a wide range of disabilities, our conversations with AFU staff and board member suggest that the effect of corrective surgery is unlikely to "wear off" in the future, assuming the surgery was successful. Some children may need further medical treatment in the future, but this does not detract from the often life-altering impact these treatments have on their quality of life.

While the direct impact of the surgeries is sustainable, the cooperation and agreements with the hospitals facilitating the coordination of these surgeries are not. A strong and understanding relationship between LRC and the partner hospitals is important to ensure that LRC can afford to offer surgeries to its target group in the future. As of 2022 LRC has good relations to these hospitals (AFU, 2022). This helps reduce the price of the surgeries, enabling LRC to coordinate surgeries for a larger number of CWDs.

The rehabilitation process also affects the sustainability of the results. Our interviews with both CWDs and parents of CWDs, reveal that the rehabilitation process received at the Lira Rehabilitation Center is perceived as being of high quality. This is supported by the fact that LRC staff as fully trained and qualified for imparting these treatments. The treated children are professionally assisted in their recovery, maximizing the effect of the surgeries, and thus contributing to a sustainable impact.

The quality of the rehabilitation processes rests on strong and competent facilitation from LRC, as well as the knowledge and experience of physiotherapeutic staff at LRC. Talking to staff and leaders of LRC it is our impression that the current staff have adequate competence and knowledge to create a rehabilitation process of high quality at the center. The challenge regarding the sustainability of the impact from the rehabilitation processes is the vulnerability of the processes if key staff members leave. This challenge is strongly related to the funding of the program. Paying the staff adequately is important to keep key staff at the center, ensuring that LRC has the necessary knowledge and experience to conduct its activities.

In sum it is perceived that the impact on the physical barriers for CWDs is sustainable. The main challenge for LRC is to ensure that they keep the necessary competence and knowledge to deliver high quality rehabilitation to the treated children in the future.

5.4.2 Sustainability of impact on social barriers

The main challenge to the sustainability of the impact on the social barriers for CWDs, is to reach out to enough people in the community to create a change in the community's mindset. If only a part of the community attends the educational classes teaching about disability management and gender-based violence, there may still be a large share of the community associating stigma to PWDs.

LRC's appeal for attendees to teach what they have learnt to other peers in the community is an important contributing factor to the sustainability of the results. By continuing to advocate for class attendees to share their knowledge with their neighbors, it is expected that a more understanding and compassionate approach to PWDs will spillover to other communities without LRC having to run these classes. Our interviews suggest that there has been little resistance to the introduction of new knowledge on disability management and gender-based violence through PSGs and other community groups. PSG participants, as well as treated CWDs themselves, have shown to be very vocal advocates of their cause and have in many cases taken up the responsibility of educating their own communities themselves.

Transforming habits and changing beliefs is a long-term, challenging task. However, the LRC's holistic approach to the treatment of CWDs allows communities to observe change and improvement over time. This, together with the strong buy-in observed among PSG participants suggests that achieved impacts along this dimension are sustainable over time.

5.4.3 Sustainability of impact on financial barriers

Regarding the sustainability of the impact on the financial constraints of CWDs, we find it necessary to split between the impact from direct financial support to CWDs in the form of scholastic materials, school fees support and professional training on the one hand; and the impact of support given to the parents and communities of the CWDs through the PSGs on the other.

The sustainability of the impact from the direct financial support to CWDs is both dependent on the abilities of the CWDs, and whether they face social and physical constraints that may prevent them from taking full advantage of the support received. There is significant risk of financing activities that may not lead to meaningful impacts if not matched appropriately to the child's capacity and interests.

On this point, the LRC takes an individual child approach which provides them with significant flexibility. The best example of this is the tailoring of professional training to the child's interests and skills. This approach seems appropriate given the scale of the LRC project and has so far led to strong, sustainable impacts.

The support to the parents and communities of the CWDSs through the PSGs has also been designed in a way that maximizes its sustainability. IGAs, designed as asset transfers in the form of livestock, ensure that parents take responsibility for its management to generate income, and thus must act strategically and make decisions for the long term. From the interviews it appears that the IGAs have had little challenges and are providing good revenue and economic growth for the PSGs involved.

The sustainability of the IGAs is reinforced by the nature of the PSGs, being organized as VSLAs. This enables the members to save for the future, which is a strong contribution to financial growth and stability in the longer term. Households in this region of Uganda have little access to credit otherwise.

In addition, PSGs are established by the LRC with the objective of them being self-driven and autonomous. A leader of the group is voted for internally, and members are advised on how to democratically run the group. After two years the LRC end their coordination support to the group, and the PSGs must run by itself. None of the PSGs we have interviewed have had any challenges in this transition and are currently completely self-driven.

The impact of the FAL-classes is sustainable, provided that the attendees are using the knowledge they have acquired. Refresher courses may be necessary to ensure that the knowledge is up to date, as requested by some of the members of the PSGs.

The main challenge of the financial support to both CWDS, and their parents and communities, is the cost of the support. The core activity of LRC is to provide correcting surgeries for CWDs, and the cost of the financial support components is potentially reducing the number of surgeries that can be offered.

In sum, we believe that the impact on financial barriers is sustainable. There is a challenge to the sustainability of the impact if the affected individuals are not able to make the best of the support that is given, but the project design limits this risk quite effectively based on tried and tested anti-poverty policies that have been shown to be effective in similar contexts.

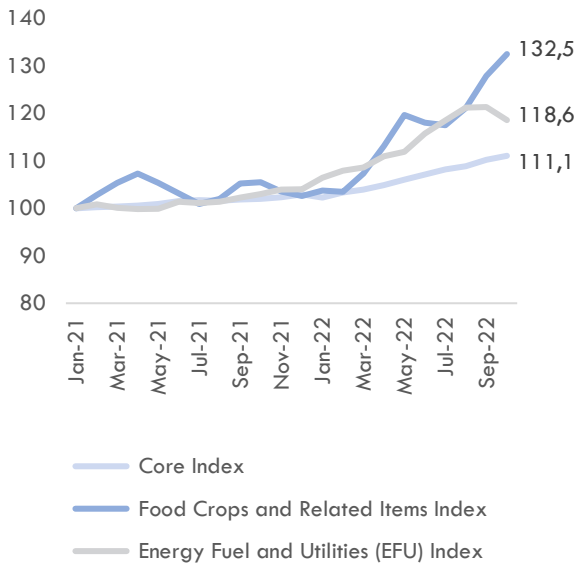
5.5 Key challenges and risks

Like most education institutions globally, the LRC project was severely affected by the covid19 pandemic and the ensuing shutdowns that followed it as a response. The impact of these restrictions on LRC's activities have already been described in the project's Progress Reports from 2020 and 2021. During 2022, the impact of restrictions was less severe than in the previous two years, but concerns regarding virus transmission remained as did infection levels, meaning that operations were still not at normal levels, and disruptions were common. Tellingly, in 2020, 70 per cent of the target level of rehabilitated children was reached, and this level rose to 89 per cent in 2021. As per Q3 2022, the project has already rehabilitated 87% of the target for the year, suggesting it is likely that the target will be exceeded by the end of the year. The disruptions during 2022 did not appear to have been large, but mostly based on individuals who became infected and thus had to postpone or cancel agreed appointments with LRC. These isolated disruptions have, on aggregate, made a significant dent in AFU's activities at the LRC given that significant resources had to be destined to rescheduling, and flexibility has been crucial.

The most significant challenge facing AFU's activities at the LRC during 2022 however, is the rising rate of inflation in the Ugandan economy. Our interviews with both AFU staff, board members and other stakeholders close to the project all agreed that inflation was their key concern for the coming years, given the adverse effect it has on the LRC's capacity to maintain current levels of service provision.

As seen in Figure 9 below, prices have begun to increase starkly since early 2022 in Uganda, in particular those related to food staples and fuel, both key inputs into LRC's daily operations. The LRC provides transport services to most of the children attending surgeries, rehabilitation or professional training, as accessing healthcare facilities or the LRC centre itself is a significant challenge to most families in the region. During this time, the exchange rate between the Ugandan Shilling and the US dollar has remained stable, meaning that AFU's purchasing power, given the resources it has been endowed with by its international donors, received a significant hit. However, particularly over the last year, the Ugandan Shilling and the US dollar has strengthened significantly versus the Norwegian Krone, which has decreased the effectiveness of donations from Adina Foundation Norway, limiting AFU's ability to fulfil its budget in Ugandan Shillings.

Figure 9: Monthly core, food and energy consumer price indices for Uganda (Jan 2021 = 100)



Source: Oslo Economics based on data from the Ugandan Bureau of Statistics.

Trouble is also expected to arise in the human resources front, as rising inflation reduces LRC staff's real wages. This has been an aspect of AFU's activities that has seen relative stability over the past few years and particularly during the current grant period, with LRC now consisting of fully trained, experienced staff members. However, there is a real risk that this achievement is undone in coming years if workers decide to leave in search for improved compensation elsewhere and turnover increases.

Given these developments, it is no surprise that inflation, and its impact on AFU's capacity to maintain its current level of operations, was at the forefront in our conversations with AFU staff and board members. Some significant initiatives had already been set in place to mitigate inflation's impact, as AFU staff appeared proactive and solution-oriented in their approach to the problem. Activities at the LRC for example, had begun to be organised in combination with different groups so that all activities happened on a single day, thus reducing transport costs (fuel and motor repair being a significant cost item in daily operations). Follow-up on children in remote villages was also conducted jointly, to make the most out of each trip.

While for the moment, AFU staff report that inflation has not significantly affected their operations in a meaningful way, concerns abound about the sustainability of their current levels of service provision if the situation worsens. Given current trends, it is likely that AFU will soon face the task of cutting down on the range of services it provides unless they receive additional funding. Planning has already begun on prioritisation of key services, such as surgeries and rehabilitation, and the phasing out of other project components that are seen as less vital, such as the financing of school fees for rehabilitated children (financial support for scholastic materials is still expected to remain in place). It is our impression that the perspective used by AFU staff so far in planning for a potential reduction in the scope of services offered is in line with the LRC project's overall objectives, and AFU's mission.

6. Conclusions and recommendations

Despite a challenging context, the LRC project has performed at a satisfactory level in the first half of the project period. The project's impacts are assessed to be large and sustainable, and it addresses a severely underserved population group in Northern Uganda. Below we summarize our conclusions from the evaluation and provide some brief recommendations for the remaining of the project period and beyond.

6.1 Conclusions

The LRC project fills an important "service gap"

The LRC project provides services to a vulnerable population that would otherwise go completely unserved. Our interviews with representatives from the AFU management, the mayor of Lira, and the ministry of gender, support this view. Local and national governments do not provide anything like the level of service CWDs and their families receive from the LRC project. Only recently have village-based health teams started to be rolled out in the region by local health authorities, and their training does not include (as of yet) the identification and treatment of CWDs. Other NGOs operating in the same region target different populations and social problems. AFU is thus the sole provider of services to CWDs and their families in the Northern Uganda region.

AFU staff, local authorities and representatives from the national governmental report that there is an urgent need for more treatment of CWDs in Lira, the surrounding regions, and Northern Uganda in general. They report that in spite of the AFU's efforts over the past years there are still a vast number of children that are in need of the sort of care the LRC provides.

Overall progress in the project period is satisfactory

The first two years of the current Norad framework agreement (2020 and 2021) have been particularly challenging for AFU and the LRC project given the high degree of disruption caused by the covid19 pandemic and its subsequent lockdowns. The project thus fell short of most of its outcome targets during these years. We understand that there was little the project could do during these years to increase the likelihood of achieving said targets. There is evidence, however, that the LRC reallocated resources to activities that were possible during this period, such as the construction of ramps in schools (see Section 5.2). They also managed to obtain special approval for some essential activities that ensured treated CWDs did not see their treatment completely discontinued.

In this context, the recovery in service levels documented so far for 2022 is impressive. Based on the progress figures up to the third quarter of 2022, it is likely that the LRC project will reach most of its yearly targets. Barring further challenges on the macroeconomic front (see Section 5.5), the project seems well staffed and resourced to fulfil its targets for the remainder of the agreement period (i.e., up to 2024). Our assessment coincides with that of several internal departments at AFU who believe they will be able to achieve their set targets for the project period. Given the challenging context faced by the LRC project during the first two years of the agreement period, we assess the project's overall progress so far as **satisfactory**.

Impacts appear to be large and sustainable

AFU was established in 2009. Back then, AFU's activities were limited to providing physiotherapy services to CWDs, with an initial target of treating 60 children annually. In the first operating year, AFU also provided three CWDs with surgeries. Over the course of the following decade, the project has grown to provide more than 100 surgeries annually, while delivering a significantly broader range of support initiatives to both CWDs and the communities in general, across the region in which AFU operates. The LRC project financed under the current Norad agreement is the latest incarnation of these growing efforts.

It is challenging to assess the magnitude of the impact that the activities AFU has been conducting since its inception have had on the lives of treated CWDs and their communities. Given the nature of the services provided by AFU and the LRC; impacts may be lifelong and appropriate data for a rigorous evaluation of impact are unavailable (see Section 6.2 for our recommendation on this point). In this evaluation we have collected testimonies from three treated CWDs and from multiple parents of treated CWDs. Their testimony suggests life-changing impacts for both the children, their families and communities. We recognize that the sample is small compared to the full population of treated children and recommend allocating resources for a more comprehensive assessment of impacts in the future. We have complemented our findings with scientific literature and publicly available information whenever possible.

Our assessment is that health impacts on treated CWDs are large and sustainable. The medical assistance facilitated by the LRC project is often life-

altering and we see little reason to assume that these effects will fade over time. Impacts on the financial barriers to the families of CWDs, achieved by IGAs and VSLAs, are likely large and appear to be sustainable. While we have only interviewed a small subset of PSGs, the existing literature suggests that asset transfers (i.e., IGAs) and savings associations (VSLAs) are effective and sustainable tools to lift households out of extreme poverty. Finally, the impacts achieved on the social barriers faced by CWDs in Northern Uganda appear to be large, as reported by the interviews we conducted with CWDs and PSGs. Given that Northern Uganda is a particularly challenging context for PWDs, it is difficult to assess the sustainability of the reported impacts on this dimension. The fact that PSGs appear to continue operating autonomously long after the LRC sponsorship period of two years expires suggests that these impacts at least persist beyond two years.

AFU's "holistic" approach appears to be suitable

The LRC project offers support to CWDs, their families and their communities. This approach allows them to target the multiple barriers CWDs face in a cohesive way, understanding that addressing all barriers is a necessary condition to achieve large and lasting impacts. This approach has the advantage of making the most out of the positive feedback loops that arise once we simultaneously remove multiple barriers from each CWD's life. It is also open to risks, as each of the activities must be designed appropriately and the institution must learn to effectively address a multitude of problems of very different natures. So far, our assessment is that the LRC project has appropriately addressed this risk of increased project scope: most of its interventions are designed as to be solidly based in available evidence and AFU staff appear appropriately qualified to conduct the broad range of activities they embark on. Our interview with the leader of the NGO forum (operating under the Ministry of Gender) revealed that in his view, the LRC model ranked top among the initiatives aimed at treating children with disabilities in the country, particularly because of this holistic strategy.

Challenging context affects quantity and quality of services provided

The covid19 pandemic severely affected Ugandan society as a whole and posed challenges for AFU in running the LRC project. As the pandemic's impacts slowly recede, inflation has become a key challenge. Rising prices are affecting both the ability of AFU to conduct its activities to the desired extent as before, and the purchasing power of staff, people in the communities and other project stakeholders. AFU has put measures in place to mitigate the negative impacts but may, in the coming years, face the challenge of prioritising its tasks and cutting back on some of the least essential activities they finance.

6.2 Recommendations

Formalize a "train the trainer" approach

One of the mechanisms through which the LRC project amplifies its impacts and makes them more sustainable is through the volunteer work done by members of its PSGs. Parents of CWDs participating in PSGs report that they often "pass on" the knowledge gained through, for example FAL courses to other neighbours or acquaintances. They also recruit new members for the savings groups. In this way, the benefits of the intervention reach further, without any extra costs for the LRC project. This is encouraged by LRC staff, but without specific measures in place to incentivise such transfer of knowledge or to ensure it is done in an effective manner. We recommend setting up a "graduation" workshop for parents finishing a set of training courses in their PSG, during which they are instructed in basic pedagogic skills in order to make them effective trainers of the rest of the community. Providing them with a certificate of completion of such a course might increase the likelihood of them effectively putting these newly acquired skills to practice.

Aim to diversify sources of funding

As discussed, factors outside the control of the project and its stakeholders pose significant challenges to maintaining the targeted level of activities and outputs, both throughout the project period and in the future. AFU has, at the same time, a limited amount of funding sources, which increases the financial vulnerability of the project. A way to mitigate this risk may be to diversify the sources of funding for the project, by increasing the efforts towards fundraising. We believe that to implement further measures to pursue alternative sources of funding could be a fruitful way to increase the robustness of the LRC project in the coming years.

There are different ways in which such a strategy could be implemented and advising on these is beyond the scope of this report. However, we suggest that AFU explores the possibility of establishing partnerships with research institutions and Ugandan universities to apply for funding for research projects. This will not only diversify AFU's funding sources but can contribute to improve the monitoring and evaluation of the project.

Explore possibilities for more extensive data collection

Such a collaboration with research institutions, both Ugandan and Norwegian, might also be part of an initiative to improve data collection conducted by AFU

in general. We have discussed the data limitations in this evaluation: appropriate data is crucial to the formal assessment of project impacts. Therefore, in AFUs strategic planning, data collection should play an important role.

A fruitful way to improve data collection might be to develop a collaboration with Lira University to define research projects and seek funding to perform data collection. Another possibility is for AFU to increase cooperation with the government to facilitate more efficient use of public resources. For instance, AFU has started a promising initiative to cooperate with the public village health teams (VHTs), who provide ambulating care in the villages throughout the district. VHTs could therefore conduct the necessary data collection on CWDs while visiting the villages that the LRC project has not reached yet. This will provide AFU with further knowledge of the needs for their services in the villages, and also allow AFU to gain insight on how children that have not been treated by the LRC project in the recent decade are doing today.

Future prioritization of activities

In our understanding, it is probable that AFU will stay in a situation of increasing costs and decreasing funding, at least in the short term. In this context, AFU inevitably will have to prioritize between activities. So far, such prioritizations appear to have been done according to LRC objectives and core competence. As presented in the effectiveness chapter, AFU has kept the level of surgeries and treated CWDs around target levels despite difficult circumstances, while other activities have been scaled down significantly. Another example is the phasing out of providing money for school fees for children, while provision of scholastic materials, arguably a more "targeted" effort, have been maintained. To keep focus on the core competencies and objectives of the LRC project in the face of prioritization needs can contribute to maintaining the efficiency of the AFU interventions in the future.

Continue cooperation with village health teams

Close cooperation with VHTs appears to be strategy that holds significant promise for CWDs in Northern Uganda. We recommend that the LRC project trains the VHTs on the identification, diagnosis and treatment of CWDs. This will transfer knowledge from AFU to the public sector and enable the public sector to provide better services to vulnerable members of society. VHTs can also contribute to the identification and assessment of CWDs throughout the region, including areas where AFU has not yet met CWDs, providing the project with a clearer understanding of the region's unmet need.

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Appendix A Results Framework 2020-2024

Results	Indicators	Baseline (2018)	Targets					Means of Verification	Frequency of Reporting	Responsibility
Impact Level										
Impact			**2020**	**2021**	**2022**	**2023**	**2024**			
Children with disabilities (CWDs) fully participate as equal members of their communities.	Outcome and Impact analyses of rehabilitated CWDs which indicate if they are able to independently perform the activities of daily living and while receiving improved levels of inclusion from their families and communities.	183	165 CWDs	175 CWDs	175 CWDs	175 CWDs	175 CWDs	An analysis of the long lasting impact of the project on sampled rehabilitated CWDs after having been discharged from LRC. Additional analyses of results collected from LRC's Outcome assessments for signs of impact.	Annually and Quarterly	AFU
Outcome and Output Level										
Outcome 1			**Y1**	**Y2**	**Y3**	**Y4**	**Y5**			
CWDs are rehabilitated.	The number of children with mobility disabilities rehabilitated via physiotherapy alone or in combination with corrective surgery	183	165 CWDs	175 CWDs	175 CWDs	175 CWDs	175 CWDs	Outcome Assessments, LRC case management files, surgery invoices, outpatient and outreach clinic cases, Physio Spreadsheets	Quarterly	Physiotherapy Department
			Y1	**Y2**	**Y3**	**Y4**	**Y5**			
Output 1.1: Provided Physical therapy services to CWDs	The number of CWDs that received physical therapy services	183	165 CWDs	175 CWDs	175 CWDs	175 CWDs	175 CWDs	LRC case management files, surgery invoices, and Physio dept's Spreadsheets	Quarterly	Physiotherapy department
Output 1.2: CWDs were rehabilitated via inpatients services	The number of CWDs admitted as inpatients at LRC	55	45 CWDs	55 CWDs	55 CWDs	55 CWDs	55 CWDs	LRC case management files and Physio department's spreadsheets	Quarterly	Physiotherapy Department
Output 1.3: CWDs rehabilitated as outpatients by the LRC project	The number of CWDs rehabilitated as outpatients by LRC project	105	120 CWDs	120 CWDs	120 CWDs	120 CWDs	120 CWDs	Physio department's spreadsheets and Outpatient case files	Quarterly	Physiotherapy department
Output 1.4: Surgeries were facilitated for inpatient and outpatient CWDs	The # of surgeries facilitated for CWDs at Kumi, Corsu, and Cure surgical centers	99	80	100	100	100	100	LRC case management files, surgery invoices, and Physio Spreadsheets	Quarterly	Physiotherapy department
Output 1.5: CWDs received psychosocial support and counseling at LRC	The # of inpatient CWDs given psychosocial support & counseling at LRC	55	45	55	55	55	55	Case management files, Assessment and follow up reports, PSS Spreadsheets	Quarterly	Social Work Department and Case Managers
Outcome 2			**Y1**	**Y2**	**Y3**	**Y4**	**Y5**			
CWDs attend school.	The number of CWDs attending school after being discharged from LRC annually via school enrollment sponsorship and support via scholastic materials.	54	132	136	161	146	147	Outcome Assessments, progress reports, report cards, receipts for scholastic materials and sponsorship, admission letter	Quarterly	Education Department
			Y1	**Y2**	**Y3**	**Y4**	**Y5**			
Output 2.1 CWDs treated as inpatients attended catch up classes at LRC	The number of CWDs that attend catch up classes at LRC	55	45	45	45	45	45	Case management files, Education spreadsheet	Quarterly	LRC Teacher
Output 2.2 CWDs discharged from LRC that have high economic vulnerability received primary education sponsorship (Phasing out)	The number of CWDs that receive primary education sponsorship	50	47	41	41	16	7	Admission records, invoices from school payments, follow up visits, Edu Spreadsheet	Quarterly	Social works department
Output 2.3 The older most economically vulnerable CWDs received vocational school sponsorship	The number of CWDs that receive vocational school sponsorship	15	15	15	20	20	20	Admission records, invoices from school payments, follow up visits, Spreadsheet	Quarterly	Social works department
Output 2.4 Scholastic materials were distributed to rehabilitated and discharged CWDs who are not sponsored for primary school, enabling parents to pay school fees.	The number of primary school CWDs that received scholastic materials and attend school via payment of school fees by parents.	61	70	80	100	110	120	Distribution list, case management files, Edu Spreadsheet, child follow-up at schools.	Quarterly	Social works department
Output 2.5 Primary school teachers were trained in disability management (4 trainings)	The number of primary school teachers trained in disability management	75	0	120	120	120	120	Attendance list, certificate of training, Edu Spreadsheet	Quarterly	Social works department
Output 2.6 Ramps constructed at selected primary schools	The number of ramps constructed in selected schools	15	0	15	15	15	15	Contract agreements, activity reports, Edu Spreadsheet	Quarterly	Social works department
Outcome 3			**Y1**	**Y2**	**Y3**	**Y4**	**Y5**			
Parents of CWDs improve their livelihoods	At least 4 of 6 PSGs (66%) showed an income increase in the majority of their group's households (HHs) one year after inception.	88 HHs (176 pax)	30 HHs (60 pax)	60 HHs (120 pax)	60 HHs (120 pax)	60 HHs (120 pax)	60 HHs (120 pax)	Outcome Assessments, PSG follow ups (surveys & interviews)	Quarterly	Centre manager and social works department
			Y1	**Y2**	**Y3**	**Y4**	**Y5**			
Output 3.1 PSGs are established in Lira, Alebtong, and Dokolo	The number of PSGs established	6 PSGs (90 HHs/180 pax)	3	6	6	6	6	PSG registration forms, PSG reports, attendance lists, PSG Spreadsheets	Quarterly	Social works department
Output 3.2 PSG members received training to improve their livelihoods and family life. They show greater	The number of established PSGs which receive blocks of training. PSG members are surveyed on their	6	3	6	6	6	6	Training attendance lists, training reports, PSG Spreadsheets	Quarterly	Social works department
Output 3.3 PSG members participated in savings scheme as a result of PSG formation	PSG members contribute to their PSG's savings scheme 6 months after founding	88 HHs (176 pax)	45HHs	90 HHs (180 pax)	90 HHs (180 pax)	90 HHs (180 pax)	90 HHs (180 pax)	PSG registration forms, PSG reports, attendance lists, PSG Spreadsheets	Quarterly	Social works department

Appendix B Planned project costs 2020-2024

PROJECT TITLE: Lira Rehabilitation Centre (LRC) NAME OF ORGANIZATION: Adina Stiftelsen BUDGET CURRENCY: NOK								Explanation: Enter the project's name, the organization name of the app
	2020	2021	2022	2023	2024	TOTAL	Share	Explanation: Enter the year/years of the project budget
DIRECT PROJECT COSTS (Based on cost-categories)	NOK	NOK	NOK	NOK	NOK	Amt (currency)	%	Explanation: Enter the currency of the budget. The currency to be used, i
DIRECT PROJECT COSTS (HQ)	445 000	712 480	724 050	776 851	790 888	3 449 268	27 %	Explanation: Norad's indirect cost contribution to admin costs not to be
Salaries (Lønnskostnader)	272 000	578 480	590 050	601 851	613 888	2 656 268	20 %	Explanation: Enter the total salary costs of the project/programme incur
Travels (Reisekostnader)	138 000	99 000	99 000	140 000	142 000	618 000	5 %	Explanation: The total travel costs for the programme/project incurred a
Consultants and other external services (Kostnader til konsulenter og andre eksterne tjenester)						0	0 %	Explanation: Enter all costs for consultants/external services, other proc
Procurement (Kostnader til innkjøp)						0	0 %	Explanation: Costs related to procurement of materials, vehicles etc. inc
Other direct activity costs (Andre kostnader knyttet til implementering av prosjektet)						0	0 %	Explanation: Direct activity costs (incurred at HQ) not covered by other b
Audits, monitoring and evaluations (Kostnader til revisjon, monitorering, evaluering)	35 000	35 000	35 000	35 000	35 000	175 000	1 %	Explanation: Costs related to audit, monitoring and evaluations (includir
DIRECT PROJECT COSTS (Regional/national)	0	0	0	0	0	0	0 %	
Salaries (Lønnskostnader)						0	0 %	Explanation: Enter the total salary costs of the project/programme incur
Travels (Reisekostnader)						0	0 %	Explanation: The total travel costs for the programme/project incurred a
Operating costs (Driftskostnader)						0	0 %	Explanation: The programme's/project's operating costs at Regional/Nati
Consultants and other external services (Kostnader til konsulenter og andre eksterne tjenester)						0	0 %	Explanation: Enter all costs for consultants/external services, other proc
Procurement (Kostnader til innkjøp)						0	0 %	Explanation: Costs related to procurement of materials, vehicles etc. inc
Other direct activity costs (Andre kostnader knyttet til implementering av prosjektet)						0	0 %	Explanation: Direct activity costs (incurred at Regional/National Office) n
Audits, monitoring and evaluations (Kostnader til revisjon, monitorering, evaluering)						0	0 %	Explanation: Costs related to audit, monitoring and evaluations at Regio
DIRECT PROJECT COSTS (Local)	1 709 521	1 744 414	2 200 310	1 939 414	1 922 880	9 516 540	73 %	
Salaries (Lønnskostnader)	578 161	611 658	746 083	768 465	791 519		0 %	Explanation: Enter the total salary costs of the project/programme incur
Travels (Reisekostnader)	74 071	74 071	76 432	76 432	74 071		0 %	Explanation: The total travel costs for the programme/project incurred a
Operating costs (Driftskostnader)	127 797	95 325	86 013	127 797	127 797		0 %	Explanation: The programme's/project's operating costs at local partner l
Consultants and other external services (Kostnader til konsulenter og andre eksterne tjenester)			24 600				0 %	Explanation: Enter all costs for consultants/external services, other proc
Procurement (Kostnader til innkjøp)	157 297	175 091	222 795	222 795	157 297		0 %	Explanation: Costs related to procurement of materials, vehicles etc. inc
Other direct activity costs (Andre kostnader knyttet til implementering av prosjektet)	716 648	772 279	1 017 110	716 648	716 648		0 %	Explanation: Direct activity costs (incurred at local partner level) not cove
Audits, monitoring and evaluations (Kostnader til revisjon, monitorering, evaluering)	55 547	15 990	27 277	27 277	55 548		0 %	Explanation: Costs related to audit, monitoring and evaluations at local p
TOTAL DIRECT PROJECT COSTS	2 154 521	2 456 894	2 924 360	2 716 265	2 713 768	12 965 808		

	Year 1	Year 2	Year 3	Year 4	Year 4	TOTAL	Share	
INCOME/FINANCING PLAN DIRECT PROJECT COSTS	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	%	
Grant funding Norad	650 000	650 000	650 000	650 000	650 000	3 250 000	25 %	Explanation: Norad's financing of the programme's/project's direct costs
Elma Philanthropy Services agreement through 2021 with positive indications for renewal ($45k USD)	410 000	382 500	400 000	382 500	382 500	1 957 500	15 %	Explanation: Other donor's financing of the programme's/project's direct
Grant funding donor xx (specify)						0	0 %	Explanation: Other donor's financing of the programme's/project's direct
Grant funding donor xxx (specify)						0	0 %	Explanation: Other donor's financing of the programme's/project's direct
Own-contribution	1 094 521	1 424 394	1 874 360	1 683 765	1 681 268	7 758 308	60 %	Explanation: Enter the financing provided by the applicant organization (
In-kind contribution				125		125	0 %	Explanation: Enter in-kind contributions towards the project's/programm
TOTAL INCOME/FINANCING PLAN DIRECT PROJECT COSTS	2 154 521	2 456 894	2 924 360	2 716 390	2 713 768	12 965 933		Explanation: Should be equal to "total direct project costs" mentioned in

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL		
GRANT APPLICATION/AGREED AMOUNT	Amt NOK	Amt NOK	Amt NOK	Amt NOK	Amt NOK	Amt NOK	Rate	
Norad contribution direct project cost	607 500	607 500	607 500	607 500	607 500	3 037 500		Explanation: Fill in exchange rate. Fill in 1 if NOK is used as currency.
Norad indirect cost contribution	42 500	42 500	42 500	42 500	42 500	212 500		Enter rate for Norad's contribution towards the organization's indirect co
TOTAL NORAD GRANT AMOUNT	650000	650000	650000	650000	650000	3 250 000		Explanation: Grant amount to Norad per year and for the total programr

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	Share	
DIRECT PROJECT COST BY COUNTRY (required information for multi-country agreements)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	%	
Country 1 (specify)						0	#DIV/0!	Explanation: Total direct project cost related to country 1 (Excluding Nor
Country 2 (specify)						0	#DIV/0!	
Country 3 (specify)						0	#DIV/0!	
Country 4 (specify)						0	#DIV/0!	
Country 5 (specify)						0	#DIV/0!	
TOTAL DIRECT PROJECT COSTS	0	0	0	0	0	0		Explanation: Should be equal to "total direct project costs" mentioned in

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL	Share	
DIRECT PROJECT COST BY THEMATIC AREA/SECTOR (required information for multi-sector agreements)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	Amt (currency)	%	
Sector 1 (specify)						0	#DIV/0!	Explanation: Total direct project costs related to thematic areas/sectors.
Sector 2 (specify)						0	#DIV/0!	
Sector 3 (specify)						0	#DIV/0!	
Sector 4 (specify)						0	#DIV/0!	
Sector 5 (specify)						0	#DIV/0!	
TOTAL DIRECT PROJECT COSTS	0	0	0	0	0	0		Explanation: Should be equal to "total direct project costs" mentioned in

Appendix C List of interviews conducted

List of interveiwees	Number of interviews
AFU staff	2
Former inpatients at LRC	3
PSGs	2
Board members	2
Ministry of Gender	1

Appendix D: Project results 2020-2022 (Q3)

Table 2: Outcome 1

Outputs	Baseline	Targets			Results		
	2018	2020	2021	2022	2020	2021	2022 (YTD Q3)
Outcome 1: CWDs are rehabilitated	183	165	175	175	115	156	152
1.1 Provided physical therapy services to CWDs	183	165	175	-	115	156	-
1.2 CWDs were rehabilitated via inpatients services	*55*	*45*	*55*	*55*	34	39	*47*
1.3 CWDs rehabilitated as outpatients by the LRC project	105	120	120	-	81	94	51
1.4 Surgeries were facilitated for inpatient and outpatient CWDs	99	80	100	100	92	102	80
1.5 CWDs received psychosocial support and counselling at LRC	*55*	*45*	*55*	-	34	39	-
Outputs outside result framework							
Number of children assessed at LRC	-	-	-	-	-	-	301
Number of children treated at outreach clinics	-	-	-	60	-	-	0
Number of treatments held at outreach clinics	-	-	-	44	-	-	0
Number of reviews at CoRSU, Kumi & Cure	-	-	-	-	-	-	122
Number of visits to Corsu & Kumi	-	-	-	-	-	-	18
Number of children provided assistive devices	-	-	-	10	-	-	10
Number of children whose wounds were dressed at LRC	-	-	-	-	-	-	48
Number of children treated/admitted to LMC by LRC	-	-	-	-	-	-	2
Number of follow-ups of discharged CWDs conducted	-	-	-	16	-	-	4

Table 7-3: Baseline values, target values and results for outcome 2 and related outputs

Outputs	Baseline	Targets			Results		
	2018	2020	2021	2022	2020	2021	2022 (YTD Q3)
Outcome 2: CWDs attend school	54	132	136	-	60	62	-
2.1 CWDs treated as inpatients attended catch up classes at LRC	55	45	45	45	34	39	47
2.2 CWDs discharged from LRC that have high economic vulnerability received primary education sponsorship	50	47	41	41	13	38	40
2.3 The older most economically vulnerable children received vocational sponsorship	15	15	15	15	0	10	15
2.4 Scholastic materials were distributed to rehabilitated and discharged CWDs who are not sponsored for primary schools, enabling parents to pay school fees	61	70	80	-	47	14	-
2.5 Primary school teachers were trained in disability management	75	120	120	120	0	0	72
2.6 Ramps constructed at selected primary schools	15	15	15	15	0	15	15
Outputs outside result framework							
Number of children provided toolkits upon completion of their vocational training	-	-	-	15	-	-	15
Number of sponsored children given emergency basic packages for boarding	-	-	-	20	-	-	18
Number of "non-sponsored" children provided scholastic materials	-	-	-	100	-	-	70
Number of disability management teacher trainings organized	-	-	-	5	-	-	2
Number of follow-ups of students conducted	-	-	-	120	-	-	43

Table 7-4: Baseline values, target values and results for outcome 3 and related outputs

Outcome/output	Baseline	Targets			Results		
	2018	2020	2021	2022	2020	2021	2022 (YTD Q3)
Outcome 3: Parents of CWDs improve their livelihoods [number of households with an income increase one year after inception]	88	30	60	-	0	65	-
3.1 PSGs are established in Lira, Alebtong, and Dokolo [number of established PSGs]	6	3	6	4	0	5	4
3.2 PSG members received training to improve their livelihoods and family lives [Number of established PSGs which receive blocks of training]	6	3	6	-	0	3	-
3.3 PSG members participated in saving schemes as a result of PSG formation [number of households that contribute to saving scheme 6 months after funding	88	45	90	-	0	65	-

Source: AFU

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