



04



Light for the World
LEARNING SERIES

Two Decades of Light for the World Programmes in Bolivia and North-East India

Results, Changes & Lessons Learnt, 2004-2023

Light for the World, 2023



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1. Introduction

About this learning series

Light for the World is a global disability and development organisation, breaking down barriers to enrich society and unlock potential in everyone. For two decades the organisation has been promoting inclusion and equal opportunities for people with disabilities and access to essential eye care services in Bolivia and North-East India. In 2020 the strategic decision was taken to gradually phase out the two country programmes by the end of 2023. The three-year phase-out strategy included an outcome evaluation which attempted to record the long-term effects and structural adjustments brought about directly or indirectly by Light for the World's financial and technical support to the local implementing partners.

This learning document summarises the key findings of the outcome evaluation which derived from key informant interviews with project partners, civil society organisations, boundary partners, local communities, and long-term consultants and focus group discussions with representatives of local communities and individual beneficiaries. From the evaluation and internal reflections several lessons learnt derived particularly in the area of locally led development. These provide valuable insights for programming of development organisations working with implementing partners in similar contexts.

Boundary Partners

Boundary Partner is a concept from Outcome Mapping. Light for the World understands them as actors (usually organisations) that contribute to and are part of the programmatic vision of Light for the World but are on the outer limits (boundary) of our sphere of influence. Light for the World and our implementing partners interact directly with Boundary Partners to influence their behaviour, actions, attitudes and affect sustainable, long-term change. Due to their sheer size, relevance and reach Boundary Partners can substantially affect the sphere of impact, i.e. the lives of persons with disabilities and those in need of eye care on a larger, societal scale (far beyond the reach of partnerships for direct programme implementation). Typical Boundary Partners are national ministries, major companies or corporate networks and large mainstream (i.e. not disability-specific) non-governmental organisations (NGOs)¹.

1 Light for the World (2021). Policy: Partnerships in Programmes. Available: (https://www.licht-fuer-die-welt.at/app/uploads/sites/8/2021/09/2021_Policy_PIP_revised_final_accessible.pdf) [accessed 19 May 2023]

Timeline of the country programmes

Bolivia

India

1994

Light for the World began to work in Bolivia under the name of Christoffel Blindenmission, supporting centre-based rehabilitation and education projects for people with disabilities.

2010

Initially the focus was on disability inclusion in community development (DICD) projects, inclusive education and advocacy initiatives. Bolivia became a Light for the World focus country.

2014

Eye health was incorporated as a programmatic focus area and contacts with key stakeholders in the field were developed. Light for the World joined forces with global initiatives such as Vision 2020 and the International Agency for the Prevention of Blindness to develop eye health structures in Bolivia.

2017

The eye health programme was phased out.

2018

Light for the World revised the country strategy and decided not to register as an international NGO. Bolivia was changed from focus country to partner country.



1993

Light for the World began to work in India under the name of Christoffel Blindenmission supporting individual projects and partners.



2004

The programmatic focus was eye health, promotion of rights of persons with disabilities, rehabilitation, and the promotion of inclusive practices within special schools. India became a Light for the World focus country.



2015

The launch of the Regional Action on Inclusive Education in North-East India project laid the foundation for a successful collaboration of national and international NGOs to promote inclusive education.



2017

The decision was made to gradually phase-out the eye health programme by 2019.



2019

Eye health was phased out. The focus was on further developing and interlinking inclusive education and disability inclusion in community development including empowerment and mainstreaming.



2020

Light for the World decided to gradually phase out the country programmes in Bolivia and North-East India by 2023.

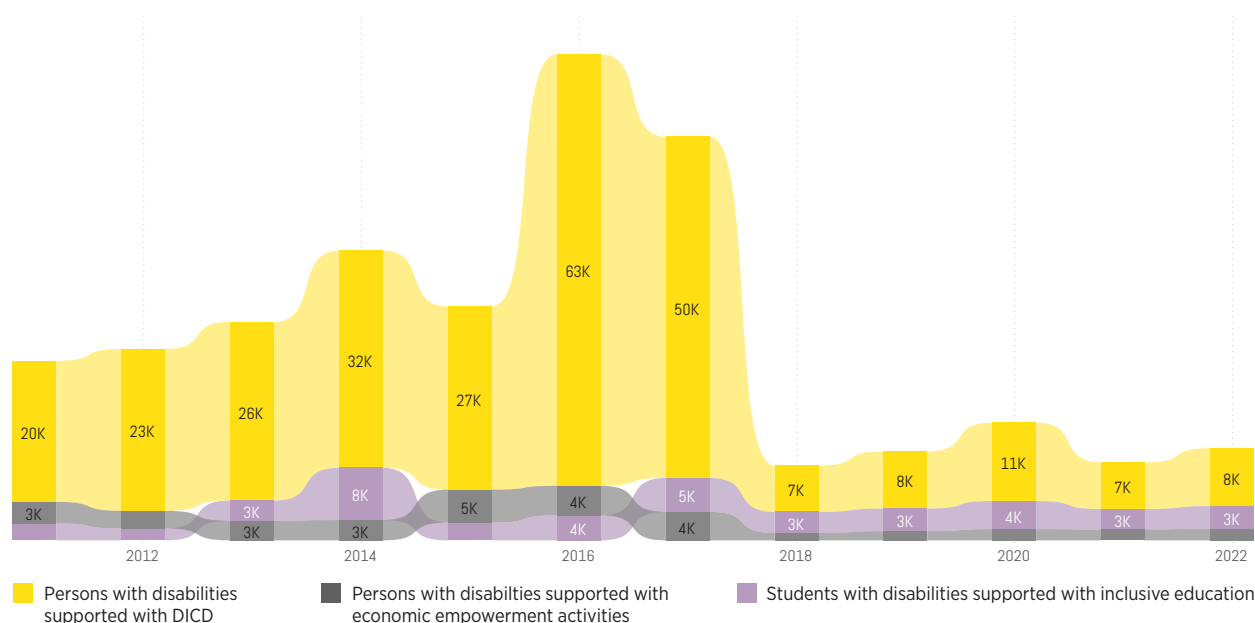


2023

Phase-out concluded.

Overall reach of disability inclusion projects

Bolivia and North-East India: Persons with disabilities supported 2011-2022 (in Thousands)



Due to the nature of disability work there is considerable overlap between persons reached under Disability Inclusion in Community Development (DICD) in general and those reached with economic empowerment and inclusive education activities. In addition, support is usually provided over multiple years, which is the reason why annual reach figures cannot be cumulated as individual persons reached. Furthermore, the definition of reach indicators was subject to reformulations and refinements in 2018 with the shift from the project statistics database to the Annual Partner Output Monitoring system, affecting the DICD reach estimations from 2018 onwards.

Light for the World (2011-2022). Annual Partner Output Monitoring (for 2019 to 2022) and preceding project statistics database (for 2011 to 2018 data), [accessed 23 June 2023]

Bolivia:

Persons with disabilities supported annually

Year	Persons with disabilities supported with DICD	Persons with disabilities supported with economic empowerment activities	Students with disabilities supported with inclusive education
2011	2,842	381	1,041
2012	4,371	311	1,135
2013	7,347	554	1,404
2014	11,184	4,503	1,746
2015	13,561	1,132	2,200
2016	23,446	359	879
2017	20,287	320	1,431
2018	2,156	834	584
2019	2,010	851	631
2020	4,979	559	440
2021	1,759	767	446
2022	2,569	905	340

North-East India:

Persons with disabilities supported annually

Year	Persons with disabilities supported with DICD	Persons with disabilities supported with economic empowerment activities	Students with disabilities supported with inclusive education
2011	17,610	2,074	2,091
2012	19,106	1,424	1,415
2013	18,568	2,378	1,444
2014	20,342	3,069	1,202
2015	13,010	1,446	2,579
2016	39,164	3,278	3,401
2017	29,228	4,609	2,699
2018	4,577	2,220	487
2019	6,286	2,419	706
2020	6,396	3,512	1,195
2021	5,011	2,198	1,134
2022	5,848	2,367	1,354

What is disability inclusion in community development?²

Disability inclusion in community development is an approach aimed at triggering systemic change and the sustainable realisation of the rights of women, men, boys and girls with disabilities. Programmes which use this approach work with communities to make them inclusive for people with disabilities, while at the same time offering targeted support to people with disabilities themselves. Topics range from accessible health care to inclusive education and economic empowerment, social inclusion and participation. To do so, the involvement of the disability movement is critical. Using this two-pronged approach, one can witness how attitudes change from the notion that an individual should be rehabilitated to fit into society, to the vision of inclusive communities where every individual has the equal right and opportunity to participate. The process of disability inclusion started in the early nineties as an approach to make rehabilitation accessible on a community level. In 2000, the approach was documented in the CBR guidelines under the name Community Based Rehabilitation. Light for the World, emphasizing the focus on the local implementation of the UN Convention on the Rights of Persons with Disabilities uses the term disability inclusion in community development but CBR is still used in the local context. Both terminologies are used in this document.

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2 Light for the World (2020). What happens when we leave? Documenting what remained after the closure of three programmes for disability inclusion in community development. Available: (https://www.licht-fuer-die-welt.at/app/uploads/sites/8/2022/06/210302_LFDW_CBID-Learning-Publication_Update_V01_spreads.pdf) [accessed 30 June 2023]

Geographical distribution of partners - North-East India

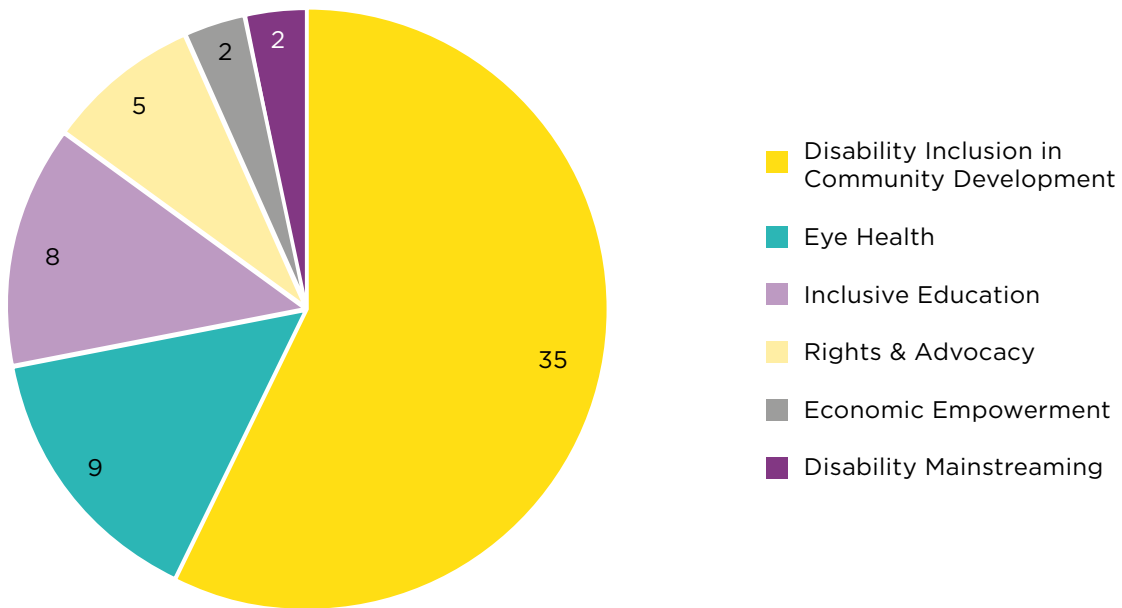


Some partners worked in multiple states. The total number of unique partners in North-East India is 47.

Light for the World (2004-2023). Operational Projects North-East India, SextANT, [accessed 06 April 2023]

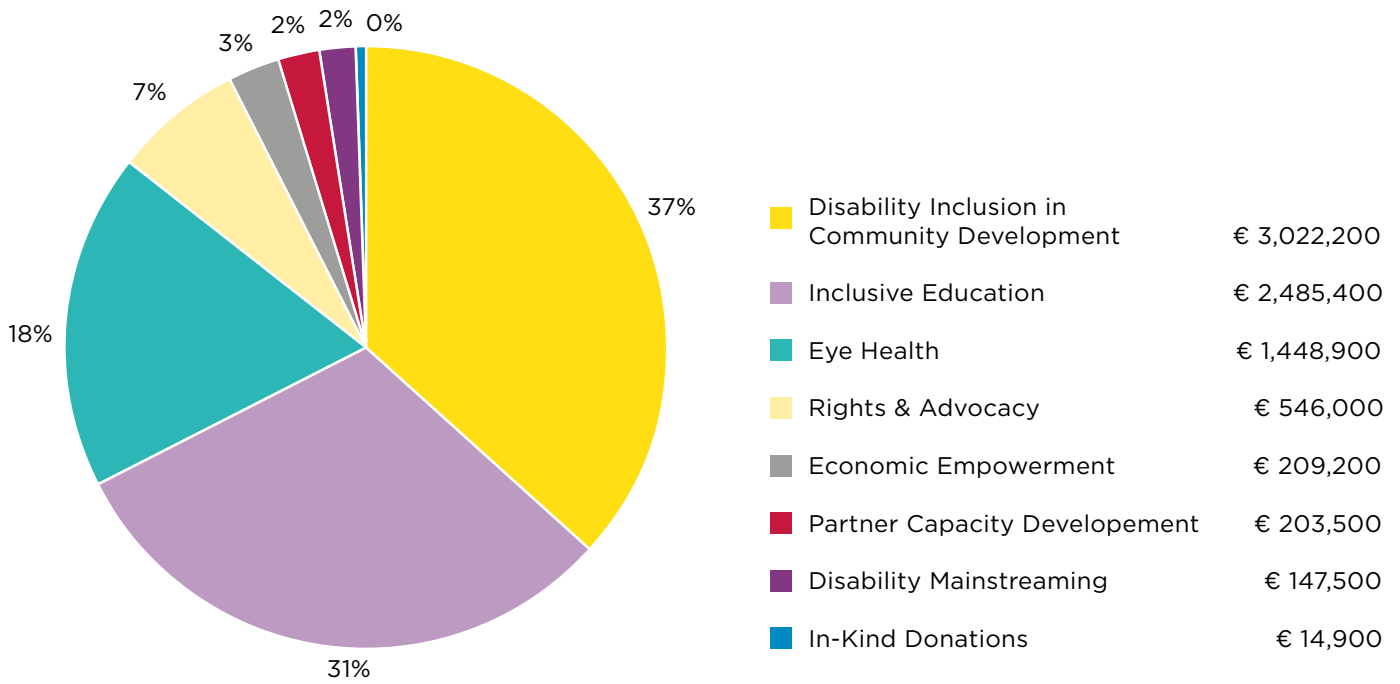


Total number of partners per programmatic area - North-East India



Some partners worked across multiple programmatic areas. The total number of unique partners in North-East India is 47. Light for the World (2004-2023). Operational Projects North-East India SextANT, [accessed 06 April 2023]

Total investment by programmatic area - North-East India



The total investment in North-East India between 2005 and April 2023 was € 8,077,600.

Light for the World (2004-2023). Operational Projects North-East India, SextANT, [accessed 06 April 2023]



2. Evaluation methodology

Outcome Harvesting

The Outcome Harvesting methodology was used to evaluate the country programmes with a focus on the years 2005-2020. This methodology aims to understand the process of change and how each outcome contributes to this change, rather than simply accumulating a list of results or activities. Outcome Harvesting collects evidence of what had been achieved from individuals or organisations whose actions influenced the outcome(s) and works backwards to determine whether and how the project or intervention contributed to the change. The harvesting process was conducted by Light for the World in collaboration with Includovate and took place from November 2021 to January 2023.

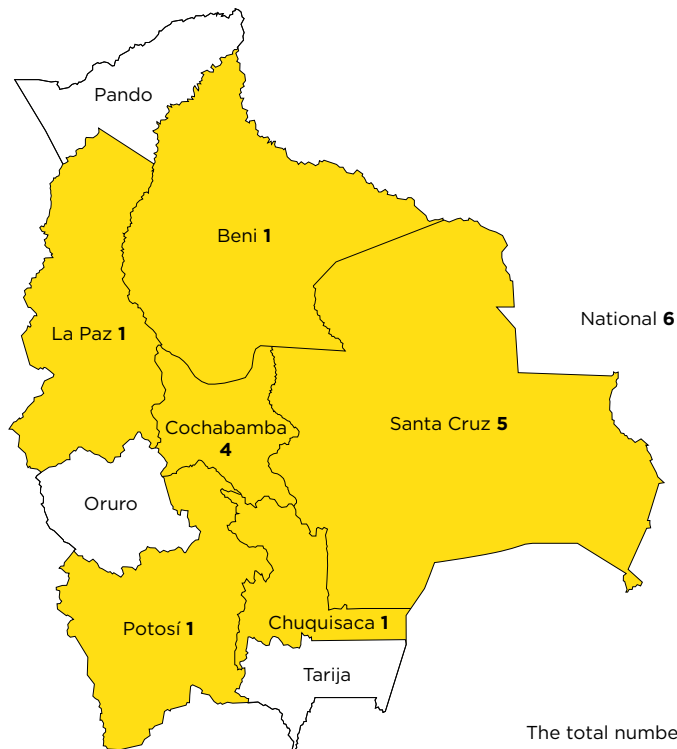
Engagement with key informants

Purposive sampling procedures were utilised by Includovate to identify participants who had been a part of the programme for a number of years, could confirm and corroborate its results, were well-versed in the changes that took place, and were seen as genuine, trustworthy, and credible. The Includovate team used the snowball sampling method to identify informants for interviews and focus group discussions. The recruitment process was designed to minimise bias and influence from Light for the World.

Process

The Outcome Harvesting method used in this evaluation involved six steps. The process began with a desk review of programmatic documents, followed by the classification of outcomes by programmatic area and the development of a database in a spreadsheet to record outcomes and evidence. Includovate held workshops with in-country partners to gather information about the outcomes and Light for the World's contribution. Evaluation tools were developed, and ethical clearance was obtained. Outcomes were refined through additional interviews and focus group discussions with beneficiaries. The evaluation team also mapped causal links and visualised the different levels of change through diagrams. The team regularly met to discuss, analyse, and interpret the outcomes, and weaker outcomes were substantiated with additional key informant interviews. The outcome description was documented, including Light for the World's contribution, the strength of the evidence, lessons learnt, and sustainability.

Geographical distribution of partners - Bolivia

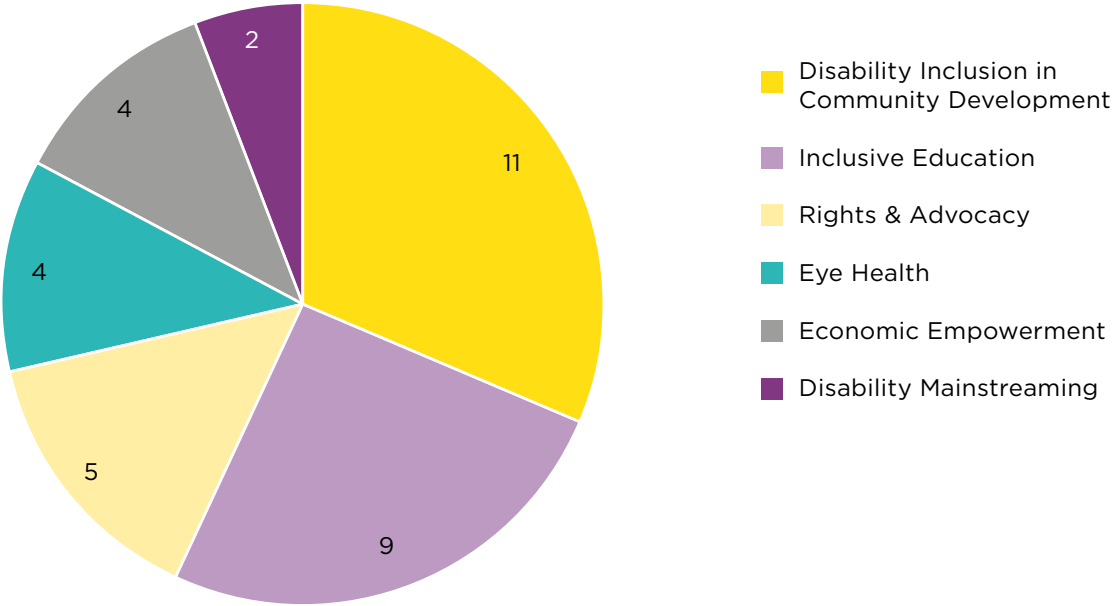


The total number of partners in Bolivia is 19.

Light for the World (2004-2023). Operational Projects Bolivia SextANT, [accessed 12 May 2023]

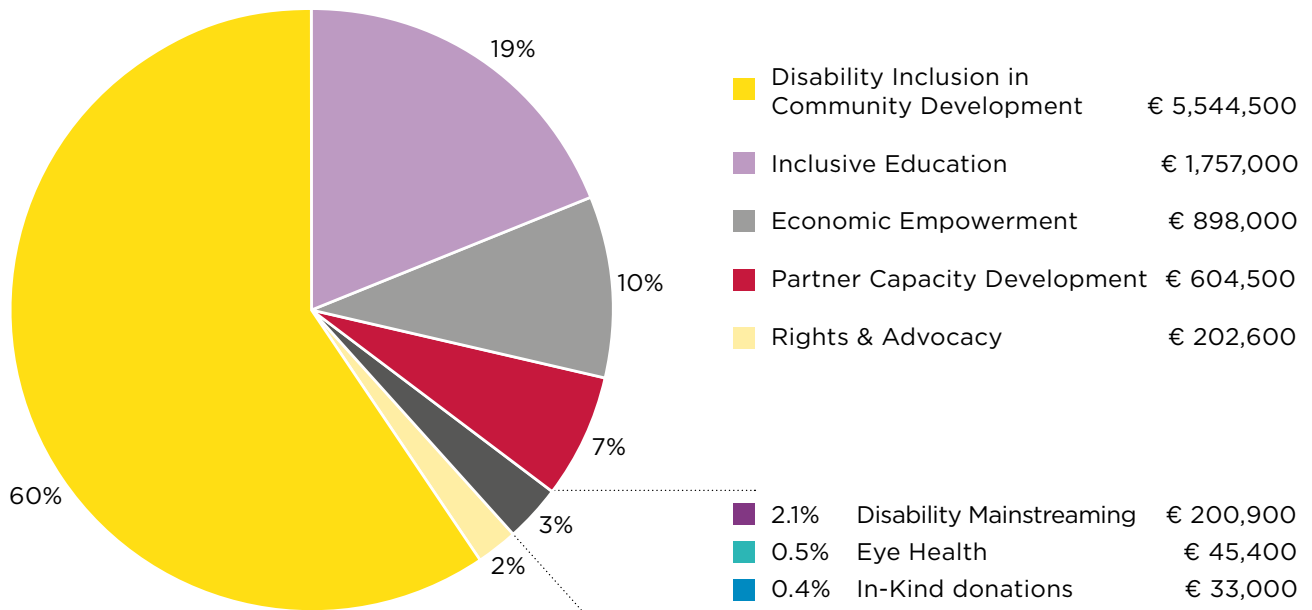


Total number of partners per programmatic area - Bolivia



Some partners worked across multiple programmatic areas. The total number of unique partners in Bolivia is 19. Light for the World (2004-2023). Operational Projects Bolivia SextANT, [accessed 12 May 2023]

Total investment by programmatic area - Bolivia



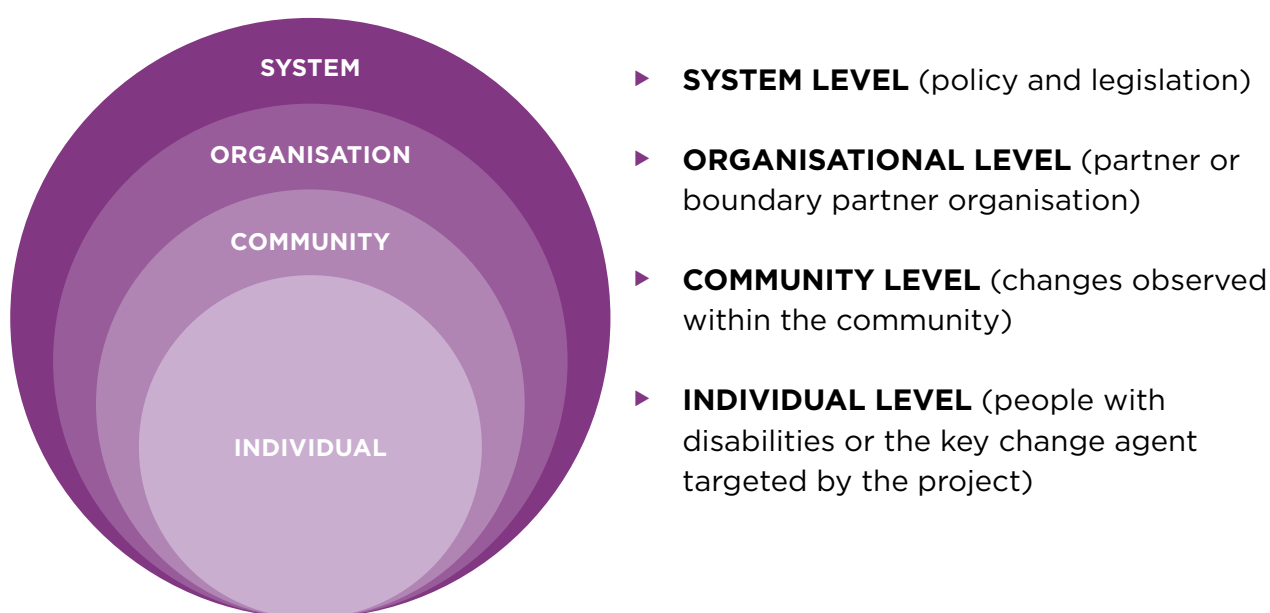
The total investment in Bolivia between 2005 and April 2023 was € 9,285,900.
 Light for the World (2004-2023). Operational Projects Bolivia SextANT, [accessed 12 May 2023]



3. Evaluation findings

Observed outcomes on different levels (system, organisation, community, individual)

From 2004-2023 Light for the World worked with 66 partners and implemented 230 projects, 113 in Bolivia and 117 in India. The evaluation findings showed that several outcomes of Light for the World's programmatic areas could demonstrate an impact at various levels:



Inclusive Education

In **India** inclusive education experienced positive change at various levels, from the national government to teacher and student levels. The Regional Action on Inclusive Education in North-East India (RAISE-NE), implemented jointly with Christian Blind Mission and Jan Vikas Samati (funded by Liliane Fonds), was a key initiative that led to developing capacity and expertise among partner organisations and teachers, attitudinal changes, more accessible school infrastructure and inclusion of inclusive education in government policies and investments. The RAISE-NE project allowed partners to develop into resource centres and/or inclusive schools that promote and exemplify inclusive education and engage with their community. Connecting disability inclusion in community development and inclusive education activities increased the community-based promotion of inclusive education.



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Teacher working at a partner organisation: “My journey in RAISE-NE taught me that ... inclusion is not limited to persons with disabilities only; non-disabled people need to adapt, accept and change their mindset [to create] a real inclusive system”.

.....

Key teachers trained by Light for the World’s partners enhanced their competence and view inclusive education as an issue that involves all children, inside and outside the classroom. Light for the World’s partners developed into resource centres, who no longer rely exclusively on Light for the World to provide information or materials and gathered expertise they could pass on to other teachers who reached out to them. This led to more opportunities for dialogue with the government, which increasingly reaches out and consults them. The children with disabilities who had the opportunity to be part of mainstream schools became more independent and aware of their rights. The contribution of inclusive education to improving the quality of life of children and adults with disabilities will continue long after the programme ends.

In **Bolivia** the impact of the inclusive education initiatives is visible at all levels. At an individual level, there is a greater understanding of the importance of receiving an education, greater awareness of educational needs and increased access to education. At a community level, teachers and school principals are more willing and committed to the education of children with disabilities and have received training on inclusive education, alongside government representatives, technical officers, and DICD teams. This experience reached a structural level with the development of the training course on inclusive education with the Unidad Especializada de Formación Continua and the approval of the Vice Ministry of Special, Alternative, and Inclusive Education. Light for the World and Instituto de Investigaciones Médico Sociales’ work led to internal changes at the Universidad Mayor de San Simón in Cochabamba with the development of research, a master’s degree and postgraduate courses on disability-related issues. Light for the World also developed a Training of Trainers enabling more teachers to benefit from the training and learn how to include and educate children with disabilities in their classrooms.

Light for the World’s inclusive project had a multiplier effect within the educational community which continues to this day in schools and among the technical officers within the Ministry of Education and for students of the training cycle. Teachers replicating what they had learnt in other schools, advising each other, and carrying out training. The inclusive education manual is still used by teachers and while there is no prolonged contact with the authorities at national level, many of the technical officers working with the Ministry of Education were part of the inclusive education training and continued its approach.

Bolivia

SYSTEM LEVEL

A training course on Inclusive Education was developed with Unidad Especializada de Formación Continua.

ORGANISATION LEVEL

The DICD programmes have received training on inclusive education. Universidad Mayor de San Simón has become more inclusive towards people with disabilities.

COMMUNITY LEVEL

Teachers and school principals are better trained and have more tools to teach and engage with children with disabilities and promote their inclusion. CBR Network partners, trainers and technical officers received training on inclusive education, with the manual being widely disseminated.

INDIVIDUAL LEVEL

People with disabilities were able to complete their education, accessing secondary and tertiary education. Parents of children with disabilities have a better understanding of their rights and entitlements.

North-East India

SYSTEM LEVEL

The Meghalaya Government accepted the teacher's training manual for inclusive education developed by RAISE-NE. Rehabilitation Council of India also partially accepted the inclusive education materials. The New National Education Policy makes reference to inclusive education. The Nagaland Board of Education and Council of Churches accept children with disabilities in mainstream schools and created a department of disability.

ORGANISATION LEVEL

There was an "institutional change" in schools and exemplary government schools now serve as training/learning hubs. Teachers were trained and new infrastructure incorporated. Special schools opened to students without disabilities and mainstream schools opened to children with disabilities. Global best practices are available and were trialled. RAISE-NE partners did not think it was worth engaging at a system level at first but now do.

COMMUNITY LEVEL

Change in community's perception regarding children with disabilities in mainstream schools and awareness of their 'right' to education [and inclusion in other events]. Teachers have become community advocates for disability inclusion.

INDIVIDUAL LEVEL

Children with disabilities participate more in extracurricular and community activities after the RAISE-NE project. Teachers' perceptions changed: they feel more prepared to include children with disabilities in their classrooms. More follow-up on non-attendance results in less drop-outs.



MULTIPLYING INCLUSIVE EDUCATION SKILLS

In Bolivia, with the approval of Law 070 in 2010, recognising education as a fundamental right, the country took a step towards inclusive education in all its schools. Despite this, teachers lacked the tools to make inclusion in the classroom a reality. There was a lack of training for teachers to consider different types of disabilities, particularly in rural areas, where groups of children of various ages and grades are taught at the same time.

Light for the World, together with its partners, began to carry out a series of training sessions for teachers, later expanding to other Community-based Rehabilitation (CBR) Network partners. A Manual on Inclusive Education was developed, with the training sessions offered by Light for the World's partners being very well attended, often exceeding the number of participants expected.

This process of strengthening inclusive education even reached the national authorities during an unexpected meeting in Mexico at the Global Campaign for Education in 2016, with the then Minister of Education. From that meeting, an arduous process of dialogue and negotiation began for the creation of a training cycle in inclusive education, based on the manual, for teachers, which became validated by the Ministry of Education. Despite the political turbulence that began in 2019 and the subsequent arrival of a new government, the training cycle continued – albeit with modifications – and managed to attract various actors from the educational community, particularly government officers and teachers.

Disability Inclusion in Community Development (DICD) and Inclusive Economic Empowerment

In **India** the DICD programme of Caritas India CBR and its partners improved service availability, and people with disabilities and their families had more information and knowledge about the causes of disability, along with the required treatment and where to go for support.

DICD outcomes relating to collaboration and increased community awareness would outlive the programme. People with disabilities were more empowered in terms of knowing and acting upon their rights and are more active community members. DICD has had a lasting impact at the village level. More community acceptance of people with disabilities has accompanied this along with a shift from charity model to a rights-based approach. People with disabilities are more included in the community and in village development committees and participate in mainstream social activities. Economic empowerment (or livelihoods) initiatives led to people with disabilities becoming productive contributors in their families, more community savings and self-help groups, livelihood training and Technical and Vocational Education and Training institutes were encouraged to enrol people with disabilities. More people with disabilities have formed or became members of self-help groups at the village level, which has increased their network within their community. Additionally, more people with disabilities have been able to register for government programmes.

DICD partners alongside Organisations of Persons with Disabilities (OPDs) held public services accountable for including persons with disabilities and meeting the law, policies, and quotas. District and State leaders received training and support for disability inclusion.



.....

Mother of a person with disability: “... they [the community] no longer look at them as “weirdos”, which is a change because they are better treated not only by their families but also by others.”

.....

In **Bolivia** the partners’ DICD programmes have contributed to changing people with disabilities, their families and communities’ attitudes towards disability, giving them a positive outlook.

The joint efforts of people with disabilities, their families, OPDs, and other relevant stakeholders have been sought by DICD programmes. Incorporating the DICD strategy led to internal changes in the partners’ approach.

Changes at the system level have been harder to achieve nonetheless, partners have engaged with their local government and key stakeholders to develop municipal or departmental laws and create and strengthen the municipal's government specialised unit, the Unidad de Atención a las Personas con Discapacidad, with its staff looking at Light for the World's partners for guidance, including new staff.

The DICD programmes include initiatives for economic empowerment and inclusive education. The majority of economic empowerment outcomes are seen at both individual and community level. People with disabilities and their families feel empowered to exercise their right to work, have formal work opportunities or develop their own projects and gain new skills, becoming active members in their communities. Partners' efforts are focused on ensuring compliance with Law 977 which demands all public sector institutions and the private sector employ persons with disabilities or their family members or legal representatives.

For example, Escuela de Integración y Formación Deportiva Artística y Desarrollo Laboral partnered with the Ministry of Labour in 2016/2017 under the Employment Support Programme. The Ministry used the organisation's experience and resources to assist and facilitate agreements between the programme and private companies to hire people with disabilities.





FATIMA AND HER SELF-HELP GROUP

Fatima from Kamrup district in Assam, North-East India, was observed as having developmental delays in her infancy. Until the age of two, she could neither sit on her own nor stand, her head was disproportionately growing, and she was becoming thinner day by day. She was taken to a doctor, where she was diagnosed with Hydrocephaly, and it was recommended she have brain surgery. But due to the acutely poor economic condition of her parents, they could not afford the surgery for their daughter. Instead, they proceeded with prescription medicine.

While she was growing up, people in the neighbourhood would make derogatory remarks about her physical appearance. In school, other students looked down on her. She didn't have any friends in her childhood. As she became mature, she became stronger in the face of these challenges. She attributes her parents' and brother's unconditional love and support for keeping her motivated during the tough times. Fatima worked in her brother's shop as a source of income prior to getting involved in the DICD programme of Caritas India.

In 2019 a community worker from Caritas identified her and enrolled her in the DICD project's economic empowerment programme. She was accepted as a member of a self-help group. Motivated by the safe and supportive space she started to speak about her life experiences to other people with disabilities. Fatima became the Secretary of the self-help-group of nine members.

Fatima started a piggery with the help of one-time financial assistance from the government. As not all the self-help group members were able to avail this assistance, Fatima shared some of the piglets, that were subsequently born, with her peers to spread the benefit among the group.

Bolivia

SYSTEM LEVEL

The CBR Network created a platform to advocate for a DICT policy at national level by creating a document that synthesises DICT in Bolivia. At regional level disability was mainstreamed into government development plans in collaboration with OPDs. Partners work with the local disability structures and committees and influence local laws.

ORGANISATION LEVEL

The CBR Network allowed NGOs to strengthen their capacities through training. Incorporating the DICT approach changed the way partners work with people with disabilities as they now also engage with their families or communities.

COMMUNITY LEVEL

The community is more inclusive of people with disabilities and considers them as valuable members. Members of the community have been empowered to create OPDs. Employers are changing their perspectives on disability inclusion.

INDIVIDUAL LEVEL

People with disabilities are more empowered and more confident when it comes to demanding their rights. They have jobs - formal or informal - which contribute to their independence and sense of purpose. Their families have changed their perception and they don't hide or abandon them. As they contribute to their families' overall income, they are no longer seen as a burden, but as active members of their family.

North-East India

SYSTEM LEVEL

Public services are held accountable for including persons with disabilities and meeting the law/policies/quotas. District/state leaders received training and support for disability inclusion.

ORGANISATION LEVEL

Attitudinal change and capacity strengthening in mainstream development NGOs. DICT is now considered the backbone to inclusive education. Early intervention centres were strengthened. Some Technical and Vocational Education and Training institutions know how to include people with disabilities and deliver appropriate training. More persons with disabilities found employment because partners helped them register for the respective employment scheme.

COMMUNITY LEVEL

Moved away from charity model to rights-based approach. Communities now see people with disabilities as productive contributors. Improved service delivery is available locally. More people with disabilities are members of self-help groups.

INDIVIDUAL LEVEL

People with disabilities are more empowered, becoming active members of their communities and knowledgeable on their rights and government employment provisions. Pregnant women get access to services and are given the right intervention to reduce causes of disability. Early intervention and referrals are available to children with disabilities. The provision of livelihood training and funds led to more persons with disabilities earning an income.

Rights & Advocacy, Disability Mainstreaming

In North-East **India** Shishu Sarothi's Disability Law Unit and Bethany Society's Mainstreaming Disability Unit were key interventions that delivered significant outcomes for people with disabilities across all levels within disability mainstreaming. Advocacy initiatives and role models changed how people see disability and the mental models underpinning discrimination. The changes range from no longer seeing disability as a superstitious issue but instead as a health or social issue. There is evidence that communities no longer consider people with disabilities a burden but instead regard them as productive community members with rights. The Disability Law Unit increased the demand for better policies and legislative compliance. It has successfully ensured compliance with various provisions of disability laws and policies through advocacy and legal intervention. This resulted in establishing a good reputation among people with disabilities and a change in the attitude of government officials towards disability issues, as well as an increased willingness to implement policies and programmes for persons with disabilities. Through the Mainstreaming Disability Unit, Bethany Society developed its internal capacity in disability mainstreaming and created a platform for disability training, consultancy, and capacity development in different key areas, such as education, livelihoods, and employment, and OPD empowerment.

People with disabilities have become leaders and taken roles in local government institutions, OPDs have been strengthened, and linked to national networks. OPDs are more active in advocating at local events, with more OPDs participating in social, cultural, and religious activities.

In terms of inclusive advocacy in **Bolivia**, the experience of the CBR Network is key. Initiated by Light for the World, it promotes a human rights perspective on disability, leaving behind the medical one and tries to ensure its members follow that same approach. The CBR Network has taken part in national advocacy as well as in mainstreaming disability into the local planning of several municipalities.

Partners together with OPDs and other NGOs participated with municipal and departmental authorities in developing comprehensive context-specific laws for persons with disabilities. Other outcomes include the organisation of a workshop in which grassroots OPDs drafted the 2013-2014 Universal Periodic Review, with Light for the World as the primary contributor. OPDs participating in reviewing government policies from the perspective of the UN's Convention on the Rights of Persons with Disabilities and writing a report meant the system as a whole worked together differently. Also, Light for the World partner Instituto de Investigaciones Médico Sociales conducted an Empowerment Course for people with disabilities to promote independent leadership, with positive results.



Course participant: "... [the course taught us] that disability should not stop us, because above all we are people, it should not stop us from studying or doing any sport or any activity we want to do."

Partners have operated as resource centres to facilitate access to information for OPDs, municipalities, and other relevant stakeholders at local level. Empowered OPDs take ownership of such knowledge and continue to transfer it to people with disabilities and their families after the programme ends. In addition, in some cases, the local government has adopted components of Light for the World's approach shared by its partners, such as awareness raising, and identification of people with disabilities to access disability cards.



Bolivia

SYSTEM LEVEL

OPDs working together and developing the Universal Periodic Review report.

ORGANISATION LEVEL

Instituto de Investigaciones Médico Sociales increased its understanding of the disability movement and recognised the need to strengthen independent leadership through their work.

COMMUNITY LEVEL

Increased participation of OPDs in consultation processes, such as the Universal Periodic Review from civil society.

INDIVIDUAL LEVEL

Empowerment of people with disabilities. More aware of their rights, joining OPDs and become leaders.

North-East India

SYSTEM LEVEL

The government of Assam and government officials have a new perception of disability issues and even provide training for their new recruits. Election barriers were reduced and people with disabilities voted and were trained to be election personnel. The Mainstreaming Disability Unit trained 500 police personnel on sign language. The federation of OPDs has a wider network of OPDs in North-East India.

ORGANISATION LEVEL

Partners understand that some solutions require legal interventions and know when to seek out the Disability Law Unit. Through the Mainstreaming Disability Unit Bethany Society increased its capacity to mainstream disability in its projects and to train other organisations on disability mainstreaming. OPDs are more aware of where to go to lobby the government for their rights and have different advocacy strategies.

COMMUNITY LEVEL

Members of the community have changed their perception and accept that people with disabilities have rights, including being employed, and that these rights should be fulfilled. People with disabilities are included in community events and hold elected positions in the local government bodies. More OPDs exist and are actively raising awareness for disability inclusion at community events.

INDIVIDUAL LEVEL

People with disabilities and family members are aware of their rights and disability schemes. They are supported in claiming their rights and entitlements, including job quotas and accessibility measures. People with disabilities are able to have their legal claims handled by the Disability Law Unit. The Mainstreaming Disability Unit supports people with disabilities in accessing government schemes and children receiving rehabilitation and care. Because many OPDs are run by individuals with disabilities who received training, there are more vocal people with disabilities displaying leadership qualities. Most of the founding members of the OPDs now have jobs in government offices.



ATTITUDE CHANGES ACCESS

With support from Light for the World, Shishu Sarothi's Disability Law Unit strives to uphold the rights of persons with disabilities and promote their inclusion in mainstream society through policy advocacy, legal support, and public litigation. At least 50 grievances and violations of the rights of persons with disabilities on a range of issues have been successfully resolved.

One of these cases is Shivansh, a resident of Guwahati, a city in the State of Assam, and an alumnus of Shishu Sarothi. He has cerebral palsy and is a wheelchair user. After passing his senior secondary school examination in 2014, he wanted to go to college, so he approached Panjabari City College, which is nearest to his home, for admission.

The college authority told him that the campus was not accessible for wheelchair users and that he would need to make his own arrangements for helpers to lift his wheelchair to attend the classes. After an intervention by the Disability Law Unit the College informed Shivansh that they were ready to provide free education for him. However, Shivansh decided not to accept the offer since he was being treated like a charity case - he had asked for reasonable accommodation to his needs and not for a fee waiver. He felt that the college wanted to exploit the situation to gain publicity by showing sympathy to him.

Shivansh then decided to approach a newly established college, Narangi Anchalik Mahavidyalaya. From the very beginning, the principal and her team were very welcoming and caring, even though they did not know much about disability or accessibility needs. They assured him they would construct a ramp and make the necessary modifications in the classroom and toilet at the earliest possible time. Shivansh was motivated to study and felt seen, heard, and included. He successfully completed his Bachelor's Degree in Political Science in 2017. According to the principal, having Shivansh as one of their students was a learning opportunity for herself and the college management about disability inclusion in the education system.

Eye Health

From 2005 to 2018 Light for the World supported eye health projects including outreach screening camps in rural areas and surgeries at base hospitals, focusing on cataracts, but also promoting comprehensive eye care services in North-East **India**. Eye health projects led to preventable blindness becoming less prevalent in remote and hard-to-reach areas, with increased demand and awareness of eye health and outreach becoming a standard part of health service delivery. Some partners continued eye care activities in targeted areas, for instance, Sri Sankaradeva Nethralaya and Bosco Reach Out. The awareness that eye care is essential and that certain conditions are treatable remains. Coordination between the government and NGOs improved, with the state government in Arunachal Pradesh wanting more NGOs to step forward and work with them in a targeted manner, as combining efforts may lead to results that sustain over time. The State Action Plan on Eye Health in Arunachal Pradesh, developed in collaboration with the Ramakrishna Mission Hospital and the Vision 2020 Secretariat, is still in place.

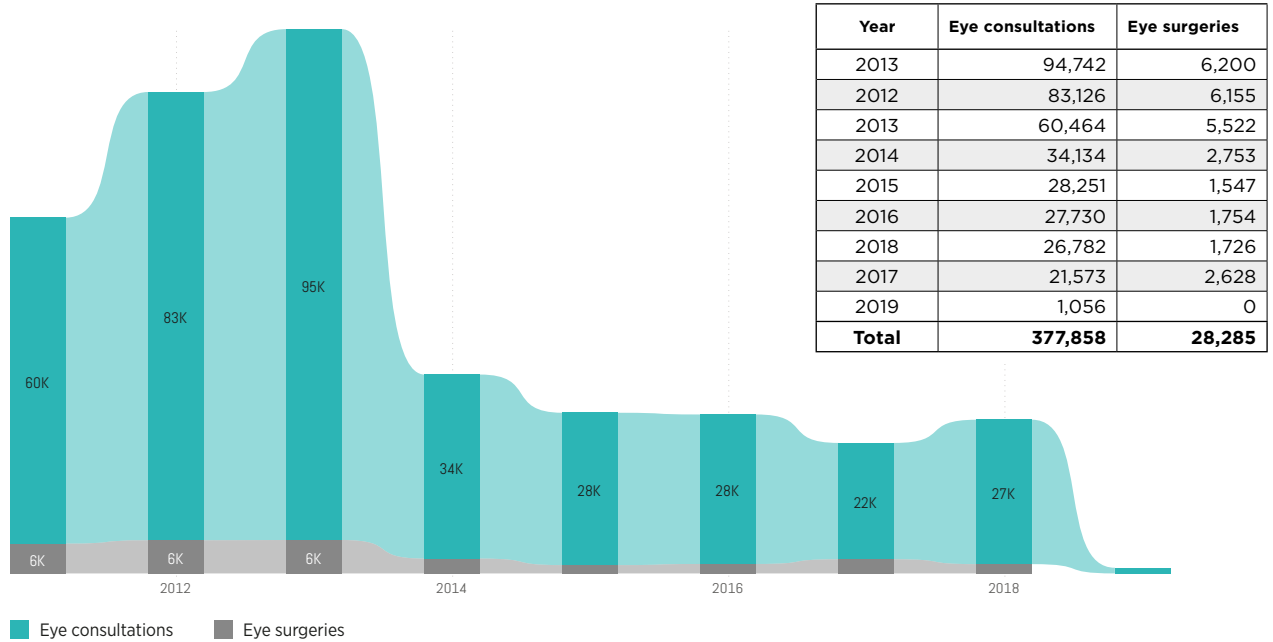
When it comes to eye health in **Bolivia**, there have been particularly strong changes at system level which are still in place despite the phase-out of projects in 2017. Light for the World participated in the development of the National Committee for Eye Health and Blindness Fight and Prevention, an Eye Health area in the Ministry of Health and a national scale Rapid Assessment of Avoidable Blindness study to assess the prevalence and causes of vision impairment and blindness among people aged 50 years and older. On a local scale, the public health system in Tarija is better equipped to provide quality eye care to vulnerable patients with the incorporation of a female ophthalmologist, whose training was funded by Light for the World. She remains the only doctor who performs eye surgeries working within the public health system.



Partner: “If it had not been for Light for the World, no one would have financed the training of the ophthalmologist, and right now, there would be nothing in Tarija [in terms of eye care services]”.

Overall reach of eye health projects

Bolivia and North-East India: Number of eye care consultation and eye surgeries supported 2011-2018 (in Thousands)



Light for the World (2011-2022). Annual Partner Output Monitoring (for 2018 to 2022) and preceding project statistics database (for 2011 to 2017 data), [accessed 23 June 2023]



Bolivia

SYSTEM LEVEL

The National Committee for Eye Health and Blindness Fight and Prevention, and a specific Eye Health area in the Ministry of Health were established. The Committee developed a National Eye Care Plan (the Ministry did not adopt it fully). The Rapid Assessment of Avoidable Blindness study led to a shared understanding among the organisations working on that matter. The Bolivian Institute of Blindness has included disability as a strategic area and uses the study as evidence. The government's perception changed with the recognition of eye care as an important issue and of eye surgeries. Currently, the Bolivian government is discussing conducting another Rapid Assessment of Avoidable Blindness. The Public Health System in Tarija is now better equipped to provide quality eye-care.

ORGANISATION LEVEL

Ojos del Mundo incorporated a disability approach in their work.

COMMUNITY LEVEL

There are more trained eye health experts in Tarija. Eye health stakeholders are interacting in new ways.

INDIVIDUAL LEVEL

While conducting the Rapid Assessment on Avoidable Blindness, the team would go into the homes, which had a positive impact on the persons they visited, increasing their confidence in eye surgeries and performing an eye test.

North-East India

SYSTEM LEVEL

Government organisations were very focused on providing traditional support within health centres and not outreach. This gradually changed and surgical outreach practice of the Regional Institute of Ophthalmology still takes place along with mobile eye clinic. The government engages with NGOs in all regions of the State to reach remote areas and sends its own optometrists to do health visits in remote areas.

ORGANISATION LEVEL

Ramakrishna Mission Hospital in Arunachal Pradesh State continues outreach services. Implementing partners understand the value of outreach and awareness campaigns and work with partners to coordinate and reach the whole district. Government centres receive more eyecare patients, as a result of increased awareness.

COMMUNITY LEVEL

Under-reached areas have access to eye surgery, referrals, and assistance. The demand for eye services has increased.

INDIVIDUAL LEVEL

Those individuals in remote and hard to reach areas who thought their condition was terminal or too expensive had preventable blindness cured. Eye care-seeking behaviour has changed with many people now approaching the hospital for treatment.

The effect of programmatic support on organisational changes at partner level

Light for the World has developed long-term relationships with its partners and had been practising a “localisation” approach long before it was considered a best practice by the international development community. The relationship between Light for the World and its partners was positive, based on trust and open communication. In the international development context, marked by tight funding and donor-led criteria, flexible funding allowed moving funds between line items and changing budgets based on the local context and emerging windows of opportunity. This approach enabled partners to take advantage of emerging opportunities and gave partners reassurance in their work in community development.

Light for the World helped to improve the organisational policies, strategies, and practices of its partners. Partners were strengthened through local consultants, training, technical support of programme coordinators, partner meetings and funds for partners to join relevant events or workshops. Strategic planning, gender policies and approaches and collaboration are practices adopted by partner organisations in North-East India. Enabling partners to learn in a supportive environment had led to deeper understanding and changes to organisational practices. Light for the World also assisted the government, albeit without direct funds. Partners willingly admitted that the government was not seen as a collaborator before, but now they understand the value of working with the government.

In Bolivia, Light for the World, with the support of other international cooperation organisations – Christian Blind Mission and Kindernothilfe - was key in the development of the CBR Network internal structure and administrative processes. Partners have changed their practices and policies (child protection and gender policies) as a result of partnering with Light for the World. Most partners started developing their DICD programmes after becoming involved with Light for the World, incorporating a rights-based approach, and leaving behind practices considered “welfare”. Likewise, Light for the World helped partners improve their strategic role within the community and collaborate and/or partner with various organisations.

Despite ample capacity development opportunities, partners tended to focus on beneficiaries rather than how their organisation has been strengthened when discussing Light for the World’s support. This was indicative of a broader challenge in the way partners had difficulty in identifying their role in the system.

4. Evaluation conclusions

Light for the World began to work in Bolivia and North-East India in the 1990s under the name of Christoffel Blindenmission (CBM Austria). What initially started off as individual partner and project support for rehabilitation and education of people with disabilities evolved into comprehensive country strategies covering all programmatic mandate areas of Light for the World: eye health, disability inclusion in community development, inclusive education and inclusive economic empowerment. Between 2017-2019 the eye health projects were ended in both countries and in 2020 a strategic decision was taken to phase out the country programmes by 2023.

The nature of the relationship between Light for the World and its partners is very trusting. Light for the World helped improve its partners' organisational policies, strategies, and practices. Partners drive their own agenda, and Light for the World helped steer their direction by setting key programmatic areas, providing comments, and capacity development. Bringing partners together and working through partners was core to Light for the World's approach.

In North-East **India** outcomes have been observed on different levels - system, organisation, community, and individual - across all programmatic areas except economic empowerment. The advocacy component of Light for the World's work has changed mental models of discrimination and bias and increased the sustainability of its work in North-East India. Identifying interlinkages and synergies





and sharing learning helped to ensure that in the communities where Light for the World's partners worked, people with disabilities were accepted more than in other communities. The focus on a partner-driven programme ensured that any positive effects remain with organisations, beneficiaries, and communities and that those based locally know where to go for future support.

Sustainable outcomes that are likely to continue were also produced in **Bolivia**. The quality of life of people with disabilities has significantly improved as a result of Light for the World's programmes, since they are better able to access and claim their rights. Partners have taken advantage of Bolivia's legal advances in disability issues and the willingness of the authorities to develop municipal and departmental laws. The government has adopted some components of Light for the World's approach and partners have gained significant experience in DICD that will outlive the programme. At the individual, community, and organisational levels, inclusive education, and economic empowerment have changed significantly. Light for the World has made investments creating networks that have impacted how partners operate together and in the wider system. The CBR Network is now engaged in lobbying efforts with the national and subnational governments to mainstream disability as part of a wider structural shift.

Several enablers and barriers were identified that influenced the achievement of the outcomes. The common enablers included choosing the right partners, having a flexible and trustworthy donor, and existing policy and legislation towards people with disabilities and understanding thereof. The common barriers included COVID-19 and frequent transfers of officials and shortage of resources and coordination among government institutions.

5. Lessons learnt

Based on the evaluation findings and internal reflections the following lessons can be drawn from the country programmes in Bolivia and North-East India:

Locally led development

Light for the World chose to have no local presence in both countries. Instead, the programmes were supported by local consultants and managed by a single Programme Coordinator for each country. Light for the World's role was that of an enabler. Through the flexible funding approach, which was enabled by unrestricted funds to Light for the World, partners were in the driver's seat. Tapping into local expertise of partners and consultants proved to be cost-efficient and enabled some outcomes that outlive Light for the World's support. The partner-driven approach defined the pace and priorities of the programme. This in turn limited the ability to steer outcomes and hampered the transition from a service provision to a systems change approach.

Working with a systems change perspective from the onset and throughout

Both country programmes started with individual projects where service provision was at the core and where a systems change perspective wasn't applied in the beginning. This was a missed opportunity to make partners see their specific roles beyond the concrete beneficiary and community work in the wider, regional and national system. Working in isolation from the wider system in which they operate, negatively impacts the sustainability of the programme.

Investing in partner capacities is a gamechanger

Having a flexible and trusting relationship with partners helps lead to organisational changes and improvements in policies and practices within partner organisations. Developing long-term relationships with partners by being responsive to partner needs and helping to steer the direction of partners through planning and setting key programmatic areas and providing capacity development including joint strategic planning, training opportunities, and access to new and innovative resources and document reviews contributes to strengthened local organisations. Empowering partners to collaborate with the government leads to partners wisely taking on opportunities to collaborate with relevant stakeholders and authorities. Enabling participation at international conferences helps partners widen their network and further develop their capacities.

Partners as resource centres for authorities and other stakeholders

Developing capacity and expertise among partner organisations in the field of inclusive education, disability mainstreaming, rights & advocacy and OPD empowerment can have a major impact on the sustainability and relevance of partners. This approach enables them to provide training, consultancies, and resources to authorities, OPDs, NGOs and other stakeholders which can potentially be turned into a fee-for-service model to mobilise financial resources. Moreover, it creates opportunities for dialogue with the government and subsequently opportunities to influence the wider system.

Begin with the phase-out in mind

Backward design of programmes – beginning with the end in mind – and defining sustainability and exit strategies at the start of the partnership limits dependencies and manages expectations. While Light for the World developed a 3-year plan for a sustainable phase-out between 2021 and 2023, the programmes were until then characterised by a growth mindset and limited convergence with government systems. Three years were not enough to reshape a programmatic approach that had developed based on growing own service provision by implementing partners vis-a-vis the perceived ever-increasing demand of people with disabilities and their families. A more radical shift of partners’ focus to advocacy, networking, OPD strengthening, and a stronger technical advisory role could have allowed for more substantial outcomes at both systems and community level. However, it would have called for a much faster and profound reduction in direct service provision, which is something neither partners nor Light for the World were ready to agree to.

6. Outlook

Light for the World is going to phase out the country programmes in Bolivia and North-East India by December 2023. The partner-driven programme approach established a strong network of partners in both countries who have developed their capacities to promote disability inclusion at various levels and develop eye care services. The evaluation and reflection unearthed valuable lessons that can be taken up in Light for the World's programming in Sub-Saharan Africa.

In retrospect, the way Light for the World has implemented its programmes in Bolivia and North-East India is a good example of the benefits of locally led development and as such a contribution to the ongoing debate about decolonising aid. By putting an almost exclusive emphasis on local partners and their capacities to provide essential services, relate to each other and the wider systems they work in, sustainable changes at different levels could be brought about.

Light for the World is proposing to take another look three to five years after phase-out to verify what changes have remained and how former partners have developed further into effective local drivers of change for disability inclusion and integrated, people-centred eye health.



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List of abbreviations

CBR	Community-based Rehabilitation
DICD	Disability Inclusion in Community Development
NGO	Non-governmental Organisation
OPD	Organisation of Persons with Disabilities
RAISE-NE	Regional Action on Inclusive Education in North-East India

List of Project Partners

India

Direct Implementation Partners	Caritas India CBR Partners
All India Confederation of the Blind	Agency for Sustainable Development Initiatives
Bawri Nethralaya / Mission Trust	Assam Centre for Rural Development
Bethany Society	Blind and Handicapped Association
Bosco Reach Out	Care and Support Society
Caritas India / CBR Forum	Center for Community Initiatives
Cherry Blossoms Society	Centre for Peace and Development
Ferrando Speech and Hearing Centre	Deshabandu Clubs
Franciscan Clarist Congregation	Ferrando Integrated Women Development Center
Institute of the Brothers of St. Gabriel / Montfort Brothers	Fransalian Agency for Social Care and Education
Kantashree Community Care	Grace Society
Lions Aravind Institute of Community Ophthalmology / Aravind Eye Care System	Institute of Integrated Resource Development
Maneda	Jana Unnayan Samiti Tripura
Operation Eye Sight Guwahati	Jirsong Asong
PARIVAAR-NCPO - National Confederation of Parents' Organizations for Persons with Intellectual and Developmental Disabilities	Mrinaljyoti Rehabilitation Centre
Ramakrishna Mission Hospital	Nongstoin Social Service Society
Regional Institute of Ophthalmology	Organization for Rural Survival
Shishu Sarothi Centre for Rehabilitation & Training for Multiple Disabilities	Pothikrit
Society for the Welfare of the Disabled	Prodigals' Home
Sri Sankaradeva Nethralaya	Sacred Heart
Vision 2020 India Secreteriat	Sanchar
	Seva Kendra Silchar
	Sisters of Holy Cross of Chavanod
	Sisters of Our Lady of Fatima Northeast Region
	United Voluntary Youth Council
	Voluntary Health Association of Tripura
	Youth Action for Rural Development
	Zoram Entu Pawl

Bolivia

Direct Implementation Partners	
Centro de Atención a Personas con Discapacidad 03 de Diciembre (CENAP3D/CENAID)	Fundación Visión (IAPB)
Centro Médico Adolfo Kolping	Instituto de Investigaciones Médico Sociales (IIMS)
Cruz Roja Boliviana Filial Concepción	Instituto de Educación y Prevención para la Sordera (IDEPPSO)
Escuela de Integración y Formación Deportiva Artística y Desarrollo Laboral (EIFODEC)	Instituto de Rehabilitación San Juan
Escuela Taller de Integración (ETI)	International Disability Alliance (IDA)
Fundación Arquidiocesana Padre Ignacio Zalles (FAPIZ)	Ojos del Mundo Bolivia
Fundación de Ayuda Social Concepción (FASCO)	Red RBC Bolivia
Fundación de Ayuda Social de Velasco (FASSIV)	The Fred Hollows Foundation
Fundación Especial El Arca	United Nation International Service (UNAIS)
	Universidad Mayor de San Simón



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