

Evaluation Report:

Project “Sambhav”

Tele-Rehabilitation for Children with Disabilities

(JANUARY 2018 – DECEMBER 2021)



Evaluation Conducted
& Report Prepared by:

Dr. Langoju Govinda Rao, Email: drgovindarao@gmail.com
& Mr. Debadutta Mishra, Email: ddmishraonline@gmail.com

Front Page Photo Taken By JVS Staff with consent of the subject

Author: Dr. L. Govinda Rao, Email: drgovindarao@gmail.com

Co-Author: Mr. Debadutta Mishra, Email: ddmishraonline@gmail.com

This report describes the process and results of the project evaluation of Project Sambhav.

Tele-rehabilitation for children with disabilities has been implemented by Jan Vikas Samiti, Varanasi Uttar Pradesh with partner organizations in Bihar, Uttar Pradesh, Jharkhand, Uttarakhand, Madhya Pradesh, Assam Meghalaya, Rajasthan, Odisha and Manipur during the period January 2018 - December 2021. The project was financed initially by, Liliane Foundation.

The report is mainly based on documentary sources, base and end line survey data collection by JVS's programme coordinator and 10 days assessment by the Evaluator.

ABOUT THE AUTHOR & CO-AUTHOR

Dr. Langoju Govinda Rao

Former Director of National Institute for the Mentally Handicapped (NIMH), Secunderabad and National Institute for empowerment of Persons with Multiple Disabilities (NIEPMD), under Ministry of Social Justice & Empowerment, Govt. of India. An XLRI alumnus he has Ph.D., with 40 years of experience in development and corporate sectors involving Delivery of services, Development of Models, Processes, Standards, Projects, Human Resources & Institutions, Discovery of issues, concerns, needs, solutions including innovative and new initiatives, Documentation and Dissemination.

In development sector, created value by promoting hundreds of NGOs, Parent Associations and Disabled Persons Organizations (DPOs).

The value addition is in the areas of human resources development, institution building, capacity development, process standardization, research, model development, documentation and dissemination of knowledge at National & International level in the field of education, healthcare, inclusion and empowerment of the disadvantaged focusing rural communities. He has for the first time introduced software solutions in rehabilitation service delivery and disability certification called SADAREM (Software for Assessment of Disability and Rehabilitation and Empowerment), ISO.

Dr. Rao has written many books on Disability Rehabilitation and published research articles in National and International journals.

Mr. Debadutta Mishra

Development professional with over 15 years of work experience in the field of social development, disability management and corporate social responsibility with reputed NGOs, Corporate and Govt organizations. Sound academic background and substantial experience in

strategy development, policy development, stakeholder management, project management, program implementation, reporting, organizational management, social marketing, development communication and process documentation. Worked in collaboration with senior leadership, Govt. departments, developed appropriate goals, metrics and process for measuring the performance & gained substantial managerial experience in handling programs, institutions and team. Worked as consultant in developing CSR projects, model institutions in disability rehabilitation and now working as Director of a Non-Profit organization, Ability India which imparts rehabilitation and educational services to the poor disability community in selected districts of Odisha.

ACKNOWLEDGEMENTS

- At the outset, we thank Jan Vikas Samiti Varanasi for assigning the task of evaluation of the project. We acknowledge the cooperation and support of JVS and all the staff working for Tele-Rehabilitation project and express our thanks to all of them. Our special thanks are to Mr. Hiranand, Project Officer, Project Sambhav for his extensive cooperation and necessary travel arrangements to partner organizations without which the evaluation process could not have been completed.
- We thank the beneficiaries and staff of partner organizations in the target communities who provided inputs for the Final Evaluation. In particular we thank the CBR workers despite the inadequacies in professionalism, who have demonstrated that given the scope and support, they could provide rehabilitation services to the children with disabilities like trained persons. They have delivered the rehabilitation services in their communities through their tremendous efforts and dedication which proves the myth that only qualified people are capable of service delivery as unfounded. Without their information and willingness to cooperate, this evaluation report would not have been possible.
- We thank the partner organizations, Sr. Mary Elise and Sr. Sunita of Fakirana Sister Society-Bettiah, Bihar, Sr. Anupama and team of Patna Notre Dame Sisters Society-Gahri, Sr. Leelajosh and team of Koderma Franciscan Clarist Sisters Society-Hazaribagh, Jharkhand, Sr. Anne and team of The Sisters of St. Charls Society-Hatia, Jharkhand, Sr. Sunita Toppo & team of Nirmala Sadan Society-Bazpur, Uttarakhand, Sr. Reshmi and tem Holy cross Welfare Trust Fr. Akshay and team of JVS Sub centre, Durgawati, Bihar Mr. Anang Negi and team of RARE society, Sonapur, Odisha, for their good cooperation and frankly narrating the process of project implementation.
- A special word of thanks to the Director, Jan Vikas Samiti, who has great vision to take JVS to a new height and has extended untiring support to complete the evaluation smoothly. Thanks for smooth arrangement of tour to the partner organizations and nice stay arrangement for the evaluator at JVS, Varanasi. A conducive environment and openness among all staff of JVS reflects a good work culture and good leadership of the Director, for which he deserves our thanks.

TABLE OF CONTENTS

ABOUT THE AUTHOR AND CO-AUTHOR.....	1
ACKNOWLEDGEMENT	2
TABLE OF CONTENT	3
EXECUTIVE SUMMARY	5
1. INTRODUCTION	6
1.1 THE EVALUATION	6
1.1.1 THE CONCEPTUAL FRAMEWORK	
➤ Adaptation of Technology	6
➤ People Acceptance, Involvement & Empowerment	7
➤ Capability Enhancement	7
➤ Stakeholders' Feedback	8
➤ Partner Organizations' Evaluation	8
➤ Zero Project Award	9
1.1.2 PURPOSE & SCOPE OF EVALUATION	10
The Evaluation Questions	10
1.1.3 POLICY CONTEXT	11
1.1.4 THE EVALUATION TEAM	12
1.1.5 STRUCTURE OF THE REPORT	12
1.2 THE INTERVENTION UNDER REVIEW	12
1.2.1 LOGIC OF THE PROJECT STRUCTURE	12
1.2.2 COMMENTS ON INTERVENTION LOGIC & PROJECT PROPOSAL	13

➤ Output 1: Development of Protocol	13
➤ Output 2: Development of Infrastructure	13
➤ Output 3: Capacity Building	13
1.2.3 OUTCOME LEVEL INDICATORS	14
1.2.4 IMPLEMENTATION APPROACH	14
1.2.5 KEY ASSUMPTIONS & RISK OF THE PROJECT	15
1.2.6 IMPLEMENTING AGENCY	15
Partner Organizations	16
2. EVALUATION METHODOLOGY	20
2.1 DATA COLLECTION METHODS	21
2.2 DATA ANALYSIS	21
3. EVALUATION FINDINGS	22
3.1 THE MAIN FINDINGS	24
4. RECOMMENDATIONS	25
5. CONCLUSION	26
Annexure-A (List of Partner Organizations, Existing & New)	27
Annexure-B (Questionnaire used for evaluation)	29
Annexure C (List of Tables)	31
Annexure D (Field Visit Schedule of Ext. evaluator)	31
Annexure-D (7 Case Studies)	32

EXECUTIVE SUMMARY

Introduction:

- Purpose of the Evaluation

The project has been implemented for four years (January 2018 to December 2021). The evaluation has been focused on all the phases of the implementation period including the development phase, pilot phase, extended phase and sustainability phase. The evaluation has been carried out to assess relevance, efficiency, effect, impact and sustainability and to make recommendations for improvement of the next phase intervention.

The evaluation has assessed the project design, scope, implementation status and capacity to achieve project objectives. It has analysed lessons learnt, challenges faced and best practices obtained during the implementation. The emphasis on learning lessons speaks about the issue of understanding what has and what has not worked as a guide for future planning.

The evaluation has incorporated knowledge generated during the implementation process, partnership, organisational strengthening, beneficiary participation, replication and sustainability of the project. It will assess the extent to which the project's overall goal has been achieved, partnerships established, capacities built and reliability as well. Tele-rehabilitation services have been extended to 100 children with disabilities in rural areas in each partner organization by maintaining the professional protocols. An OECD criterion has been observed along with the evaluation norms and ethical standards. Both qualitative and quantitative methods of evaluation have been adopted in the evaluation.

Intervention

- The intervention of rehabilitation services has always been maintained at a standard level under the guidance of specialists and as per the protocol of such therapeutics. Tele-rehabilitation project Sambhav has supported nearly 100 numbers of children with disabilities in each partner organization living in marginalized socio-economic conditions and poor mobility to increase their mobility and independence.

The Evaluation Team and Methodology

- The project evaluation has been carried out under evaluation norms and ethical standards as well as OECD criteria. This is a summative evaluation involving qualitative and quantitative methods to evaluate implementation processes and performance of the project Sambhav for recommendations to get similar support in future. The evaluation team comprised of Dr. L.Govinda Rao and Debadutta Mishra as external evaluator. The data collection from partner organizations and at field level has been done by the external evaluator Mr. Debadutta Mishra, and by Dr. L Govinda Rao and Project Officer JVS, Mr. Hiranand.

1. INTRODUCTION

1.1. THE EVALUATION

Telerehabilitation Project Sambhav is the clinical application of consultative, preventative, diagnostic, and therapeutic rehabilitation services via two-way interactive telecommunication technology. It is developed to provide reasonable and effective access to geographically remote areas and to those who are physically and economically disadvantaged and also to improve the quality of rehabilitation health care. Project Sambhav was established by Jan Vikas Samiti with the support from Liliane Fonds in the year 2018 to serve the need for physical rehabilitation in the rural and remote areas of the country.

1.1.1. THE CONCEPTUAL FRAMEWORK

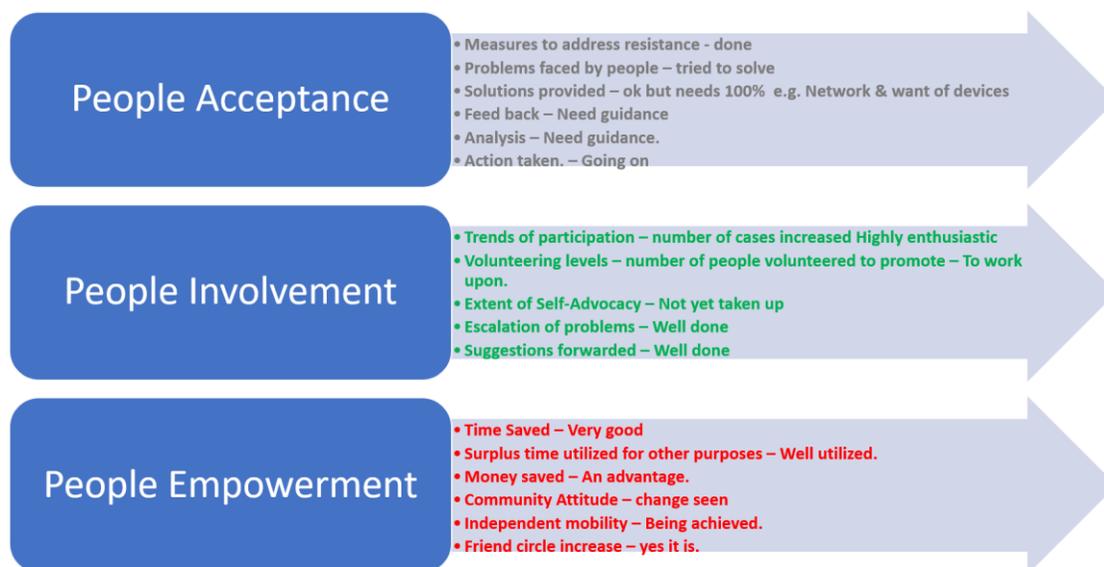
Conceptual frame work on the basis of which the evaluation has been undertaken is given below:

The methodological approach was based on assessing monitoring data (baseline and end line) and qualitative techniques, such as one to one interview and group discussions/meetings (physical and virtual) with project staff, staff of 15 partner organizations, clients or beneficiaries. The evaluation has been based on the conceptual framework and operational framework as per the following.

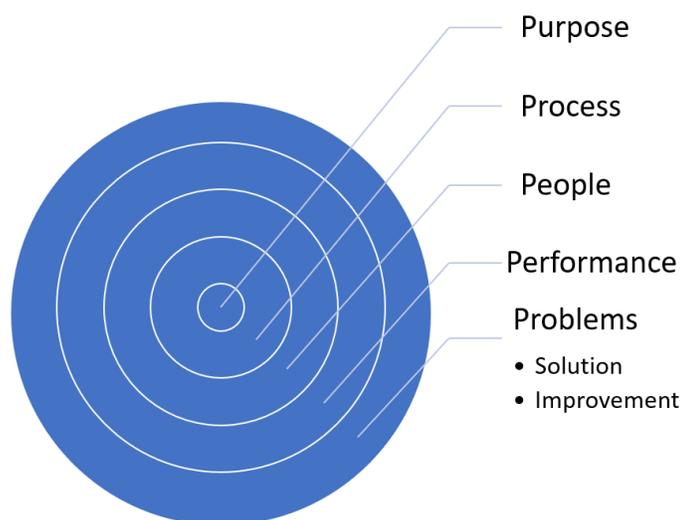
Adaptation of Technology

Technology Acquisition	Technology Deployment	Technology Utilization
<ul style="list-style-type: none"> • Commissioning - ok • Testing - ok • Process manual - Good • Training at JVS – Well done • Pre-launching test - Successful 	<ul style="list-style-type: none"> • Selection of CBR workers - ok • Imparting training - ok • Experimenting - ok • Capacity Development at Pos - ok • Efficacy of implementation at PO level – To large extent 	<ul style="list-style-type: none"> • Orientation to PwDs & families - Done • Measures to motivate PwDs & parents to switch over to e-rehab – well organizaed • Implementation in villages - ok • Feedback capturing and analysis – Need improvement • Improvement Steps – To work upon • Review and adoption - Undergoing

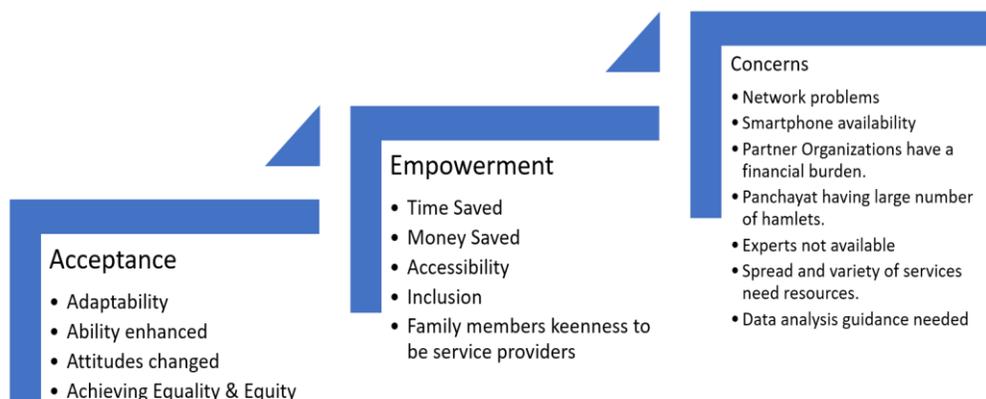
People Acceptance, Involvement & Empowerment



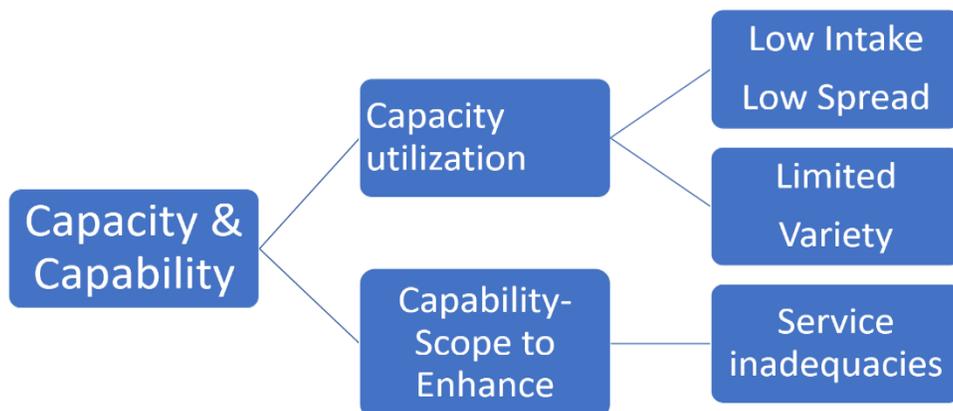
Capability Enhancement



Stake holders' Feedback



Partner Organizations evaluation



Zero Project Award

Innovative Solution 2022

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Jan Vikas Samiti

as an Awardee selected by the Zero Project's global network of renowned disability and accessibility experts. Through its outstanding innovation, impact, potential of long-term growth, success, and scalability,

Project Sambhav

is recognized for removing barriers and improving
Accessibility for all persons with disabilities.



Martin Essl
Founder of the Essl Foundation



Michael Fembek
Programme Director Essl Foundation

1.1.2. PURPOSE & SCOPE OF EVALUATION

The purpose of evaluation as stated in the terms of reference (ToR) is ‘to assess the project Sambhav implemented by JVS, Varanasi, according to the criteria defined in the ToR, focus on all the phases of the implementation period including the development phase, pilot phase, extended phase and sustainability phase, identifying good practices and providing recommendations for the sustainability of the project. The findings from this evaluation will guide the project implementation team to better define the potential strategy for the next phase.

The evaluation is to assess the effectiveness of the implementation strategy and the outcome of the project SAMBHAV. This will include the implementation process, partnership, organisational strengthening, beneficiary participation, replication and sustainability of the project. The evaluation is to assess the extent to which the project’s overall goal has been achieved, partnerships established, capacities built as well.

The Evaluation Questions:

The following key questions guided the evaluation:

1. Relevance- (assess design and focus of the project)
 - To what extent did the project achieve its overall objectives?
 - To what extent were the results- impacts, outcomes and outputs achieved?
 - Were the Indicators outputs indicators and activities identified and were they realistic, appropriate and adequate to achieve the result?
 - Was the project relevant to identified needs?

2. Effectiveness – (management processes and appropriateness in service delivery)
 - Was the project effective in delivering planned results?
 - How effective strategies and tools are used in the implementation of the project?
 - How effective has the project been in responding to the need of the beneficiaries?

3. Efficiency – (implementation process)
 - Was the process of achieving results efficiently? Specifically, did the expected results justify and resources effectively utilized?
 - How efficient were the management and accountability structures of the project?
 - What are the strengths, weaknesses, opportunities and threats of the implementation process of the project?

4. Sustainability-
 - To what extent are the benefits of the project likely to be sustained after the completion of the project?

- What is the probability of continuation and sustainability of project outcomes and benefits after completion of the project?
- How were capacities strengthened at the organizational level (Including contributing factors and constraints)?
- Describe the main lessons learned that have emerged?
- What is the scope of replication in new geographies being seen?
- What are the recommendations for replication and similar support in future?

The evaluators have designed 45 questions, which included 20 subjective questions and 25 objective type questions, organized under each of the five OECD/DAC evaluation criteria (Relevance, Efficiency, Effectiveness, Impact and Sustainability). These questions have been mentioned in the finding section of this report.

1.1.3 POLICY CONTEXT

Jan Vikas Samiti, Varanasi, promotes an inclusive approach by focusing on a rights-based, empowerment model for all, including people with disabilities. Jan Vikas Samiti has been operating since 1998 and working for poor and marginalized sections of the society with focus on Disability Rehabilitation, Women Empowerment, Community Health, Inclusive Education, Livelihoods, and Disaster Relief. JVS's services benefit persons with disabilities. Jan Vikash Samiti, Varanasi is registered as per the statutory requirements of RPD Act, 2016, National Trust Act, 1999 and abides by the principles and mandates of state and central Govt. Policies.

1.1.4 THE EVALUATION TEAM

Evaluator - Dr. Langoju Govinda Rao, Former Director of National Institute for the Mentally Handicapped (NIMH), Secunderabad and National Institute for empowerment of Persons with Multiple Disabilities (NIEPMD), under Ministry of Social Justice & Empowerment, Govt. of India. An XLRI alumnus, he has Ph.D., with 40 years of experience in development and corporate sectors involving Delivery of services, Development of Models, Processes, Standards, Projects, Human Resources development, Institution building, Discovery of issues, concerns, needs, solutions including innovative and new initiatives, Documentation and Dissemination. In development sector, created value by advising many NGOs, Parent Associations and Disabled Persons Organizations (DPOs). The value addition is in the areas of human resources development, institution building, capacity development, process standardization, research, model development, documentation and dissemination of knowledge at National & International level in the field of education, healthcare, inclusion and empowerment of the disadvantaged focusing rural communities. Dr. Rao has written many books on Disability Rehabilitation and published research articles in National & International journals.

Co-Evaluator – Mr. Debadutta Mishra, Development professional with over 15 years of work experience in the field of social development, disability management and corporate social responsibility with reputed NGOs, Corporate and Govt organizations. Sound academic background & substantial experience in strategy development, policy development, stakeholder management, project management, program implementation, reporting, organizational

management, social marketing, development communication and process documentation. Worked in collaboration with senior leadership, Govt. departments, developed appropriate goals, metrics and process for measuring the performance & gained substantial managerial experience in handling programs, institutions and team. Worked as consultant in developing CSR projects, model institutions in disability rehabilitation and now working as Director of a Non-Profit organization, Ability India which imparts rehabilitation and educational services to the poor disability community in selected districts of Odisha.

Guide in JVS Varanasi, Mr. Hiranand, is leading the Tele-rehabilitation project SAMBHAV as a project officer. He is qualified disability rehabilitation professional with extensive experience in disability sector in reputed organization.

1.1.5 STRUCTURE OF THE REPORT

The purpose, scope and focus of the evaluation, the intervention activities under review, logic and assumptions and the policy context have been mentioned above. The next chapter describes the intervention under review with its logic, indicators and other information.

The following chapter describes the methodology of the evaluation which includes the field visit schedules (annex-A), the methods used for data collection and the kind and number of respondents, concerns in data collection. In the subsequent chapter the findings will be presented for each of the OECD/DAC evaluation criteria (Relevance, Efficiency, Effectiveness, Impact and Sustainability). The last two chapters are conclusions with achievements summarised followed by the recommendation chapter.

1.2 THE INTERVENTION UNDER REVIEW

Jan Vikas Samiti, Varanasi implemented the project on Tele-Rehabilitation with the name “Sambhav” which means “Possible”. This is a clinical application of consultative, preventative, diagnostic, and therapeutic rehabilitation services via two-way interactive telecommunication technology, which aims to provide reasonable access to geographically remote individuals and to those who are physically and economically disadvantaged and also has the capacity to improve the quality of rehabilitation health care. The Project “Sambhav” was implemented with the support of Liliane Fonds in the year 2018 to serve the need for physical rehabilitation in the rural part parts of the country. The project has been implemented through partner organizations from Uttar Pradesh, Madhya Pradesh, Bihar, Jharkhand, Meghalaya, Manipur, Assam, Odisha, Uttarakhand, and Rajasthan.

1.2.1 LOGIC OF THE PROJECT STRUCTURE

JVS identified the major challenges in rehabilitation and mainstreaming of children and youngsters with disabilities and devised an intervention which expects the desired change in the quality of physical rehabilitation of the children with disabilities and in their quality of life

through mainstreaming, inclusion, capacity building of partner organizations and engagement in suitable livelihood activities. The project defined its expected outcomes by several objectives, such as developing a protocol for the rehabilitation diagnosis/planning of children with developmental disabilities, developing a tele-rehabilitation unit at JVS and Training/capacity building of the CBR workers/rehabilitation professionals. Specifically, the project aimed at building capacities of CBR facilitators on rehabilitation diagnosis, making custom made treatment/rehabilitation plans and providing appropriate therapies to the children and youth with disabilities who are in great need in the rural parts of India.

Table 1: Description of the expected outcome and outputs of the intervention

Project Goal	Improve the quality of physical rehabilitation of children and youngsters with developmental disabilities in the north and northeast region of the country.
Outcome	By end of 2019, JVS will capacitate 5 organizations to provide quality rehab services to children & youngsters with disabilities and by the end of 2020, project SAMBHAV will be recognized as a reliable e-rehabilitation (feedback) system for diagnosis and physical rehabilitation practices in the region
Output1	Developing a protocol for the rehabilitation diagnosis/planning of children with developmental disabilities
Output2	Developing a tele-rehabilitation unit at JVS
Output3	Capacity building of the CBR workers/rehabilitation professionals of Partner Organizations
Output 4	The project SAMBHAV will develop

1.2.2 COMMENTS ON INTERVENTION LOGIC & PROJECT PROPOSAL

Three out puts are intended:

➤ **Output 1: Development of protocol.**

Output 1 will follow a direct implementation approach to develop protocol with the help of Paediatric physiotherapist from Groot Klimendaal (please check) and the technical expertise of rehabilitation professionals existing in JVS and if required that of hired consultants.

The following indicators listed in the logical framework:

- Number of children improved in their diagnosis and intervention plans.
- Number of feedback requests from the CBR workers on first consultations.

➤ **Output 2: Development of infrastructure.**

Output 2 will develop suitable infrastructure in the JVS premises, that includes IT infrastructure for tele-rehabilitation, requisite software, building infrastructure, library, model early intervention/rehabilitation centre.

➤ **Output 3: Capacity Building.**

Output 3 will develop capacities of JVS and partner organization to ensure sustainability of the model and will focus on capacity development process of partner organizations to generate a sustainability mechanism for project outputs. The training needs of partner organization will be assessed and a capacity development plan will be defined and implemented through formal and virtual training.

The following indicators listed in the logical framework:

- Number of contracts made with Partner organizations and other organizations on e-rehabilitation services
- Number of training workshops conducted for CBR workers/Paramedics

1.2.3. OUTCOME LEVEL INDICATORS

Table 2: Comments to Outcome Indicators

S.N.	Indicator	Comment by Evaluator
1	Number of children improved in their diagnosis and intervention plans.	The indicator is measuring a main achievement of the project, is clear and informative. The project has kept track of the children who are assessed and a diagnosis with intervention plan is made.
2	Number of feedback requests from the CBR workers on first consultations	The indicator measures the deficiencies in the assessment format or intervention plan format or the gaps in the technical knowhow of CBR workers. He feedbacks received is helpful to develop a clear protocol for the intervention.
3	Number of contracts made with Partner organizations and other organizations on e-rehabilitation services	The indicator is measuring the efficacy of the project to be accepted and replicated by other organizations.
4	Number of training workshops conducted for CBR workers /Paramedics	The indicator is measuring a main objective of the project, is clear and informative. The project has documented all the trainings / workshops conducted and participant feedbacks of each such program have been recorded.

1.2.4 IMPLEMENTATION APPROACH

The overall goal of the project is to improve the quality of physical rehabilitation of children and youngsters with developmental disabilities in the north and northeast region of the country. For achieving this, it has several objectives, such as developing a protocol for the rehabilitation diagnosis/planning of children with developmental disabilities, developing a tele-rehabilitation unit at JVS and by providing inputs to the CBR workers/rehabilitation professionals. Specifically, the project aims to capacitate CBR facilitators on rehabilitation diagnosis, making custom made treatment/rehabilitation plans and providing appropriate therapies to the children

and youth with disabilities who are most in need in the rural parts of India. Additionally, capacities of the partner organizations and sub-centres were enhanced on physical rehabilitation of children with developmental disabilities through the tele-rehabilitation unit at JVS.

The project follows three modes of implementation, mirrored in the three outputs

- (1) A Protocol for the rehabilitation diagnosis/planning of children with developmental disabilities will be made in the headquarter of Jan Vikas Samiti (JVS).
- (2) Development of toolkits for Baseline survey forms, Assessment form for children with disabilities.
- (3) Capacity building of CBR workers of partner organizations for Tele-rehabilitation service delivery provision.

1.2.5 KEY ASSUMPTIONS & RISK OF THE PROJECT

Key Assumptions:

- There will be positive community reception of new technology-based initiative in the rehabilitation services.
- Parents' uninhibited cooperation will forth come for smooth implementation.
- The grass root workers will take interest in the technology.

Risk Factors:

- The usual tendency of hostile environment in the community and by parents.
- Transferring of the technology will suffer with deficits and inadequacies.
- Cooperation and willingness of Persons with disabilities will be a concern.
- Installing a process will have hiccups.

The assumptions have stood to the actuals and the risk factors have been fully addressed. These have been possible through sustained efforts of all the staff involved in making things easy so as not to encounter resistance. The benefits have been timely demonstrated and shown for instilling the trust, which is the corner stone for the implementation of the entire project smoothly.

1.2.6 IMPLEMENTING AGENCY

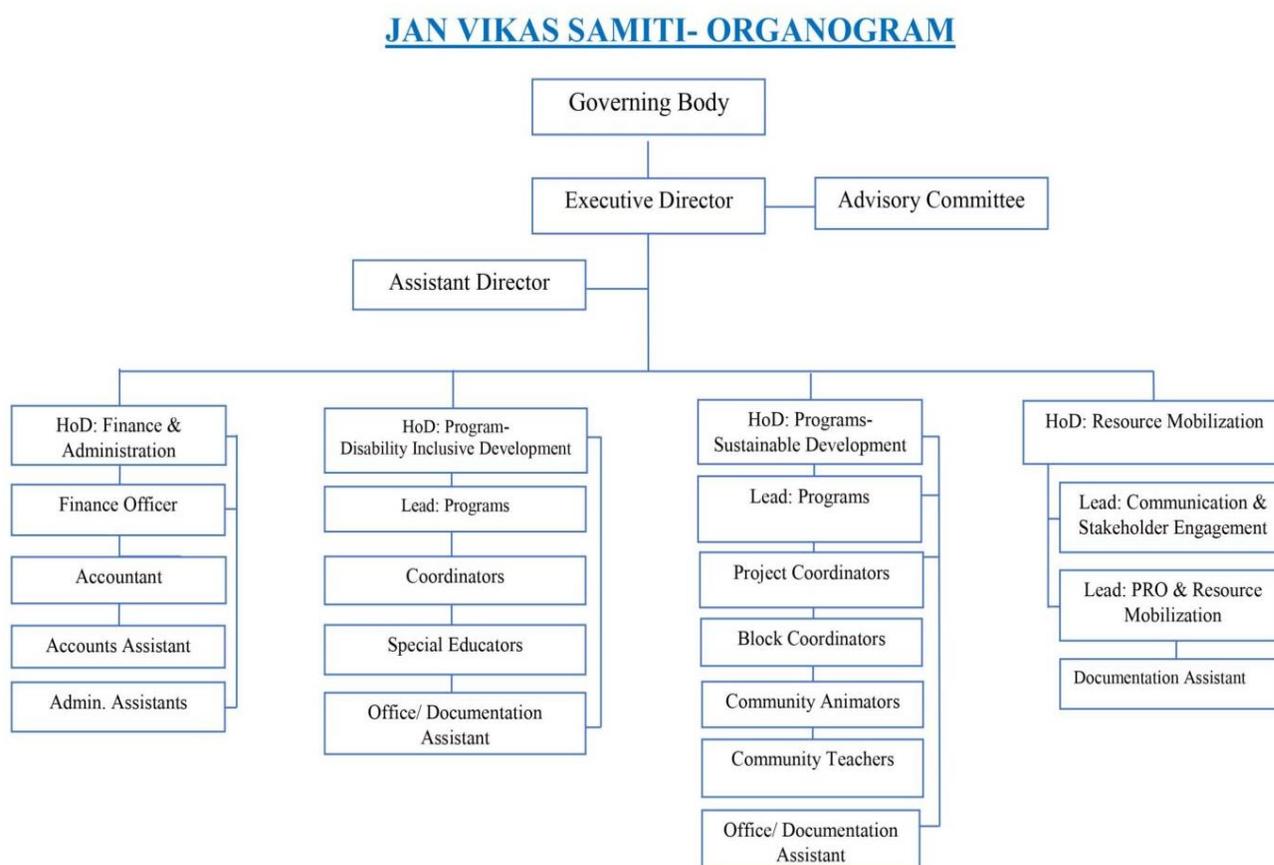
Jan Vikas Samiti (JVS), Varanasi

Component-1: The project is directly implemented by Jan Vikas Samiti (JVS), which is a community development organization based in Varanasi (UP), India, working for poor and marginalized sections of society since more than 25 years. The organization has a good presence at grassroots with over 850 SHGs, animated by a team of 60 committed professionals, social workers and volunteers, who ensure an effective reach of our programmes to the people with 'last mile connectivity. The Tele-rehabilitation project "Sambhav" is implemented under the Disability Inclusive Programmes of JVS, which has been recognized by the Department of Persons with Disabilities, Govt. of Uttar Pradesh, and has been conferred us with 'State Award

for Empowerment of Persons with Disabilities – 2020’. The project under evaluation “Project Sambhav has bagged the ‘ZERO Project Award – 2022’

JVS has established a tele-rehabilitation unit in its premises with the use of IT infrastructure, developed protocol, formats, manuals, and software for implementation of the programme. One disability project officer /rehabilitation professionals has been engaged for operationalization of tele-rehabilitation project “Sambhav”

The organogram is shown as below.



Partner organizations

Component-2: A total 16 numbers of partner organizations have been selected and the project has been implemented through these partner organizations. The community-based rehabilitation works in the partner organizations have been identified and trained in different phases by JVS. The

projects hold regular meetings with and provide training to the partner organizations. The list of partner organizations is given in the table below.

Table No. 3 List of partner organizations.

SL.No.	Name of Organisations	State
1.	AGRA CATHOLIC DIOCESE SAMAJ SEVA SANSTHA	Uttar Pradesh
2.	BETHANY SOCIETY	Meghalaya
3.	DIOCESE OF VARANASI SOCIAL WELFARE SOCIETY	Uttar Pradesh
4.	FAKIRANA SISTERS SOCIETY	Bihar
5.	FRANSISCAN CLARIST SOCIETY OF NORTH EAST	Assam
6.	GRAM CHETNA KENDRA	Rajasthan
7.	HD FOUNDATION	Manipur
8.	HOLY CROSS WELFARE TRUST	Uttar Pradesh
9.	PATNA NOTRE DAME SISTERS SOCIETY	Bihar
10.	NIRMALA SADAN SOCIETY	Uttarakhand
11.	SACRED HEART SISTERS TRAINING SCHOOL	Bihar
12.	ST. PAUL SERVICE SOCIETY	Madhya Pradesh
13.	THE KODERMA FRANSISCAN CLARIST SISTERS	Jharkhand
14.	THE SISTERS OF ST CHARLES SOCIETY	Jharkhand
15.	NJKSS	Chhattisgarh
16.	RARE	Odisha

1. AGRA CATHOLIC DIOCESE SAMAJ SEVA SANSTHA has been endeavoring to facilitate the backward community for emancipation from the distress through different social development programs. Our organization has remarkably made an impact on the life of marginalized people of rural communities under the Agra diocese. ACDSSS is striving to achieve our motto “Transformation for Better Quality Of Life”. The thrust area of ACDSSS is socio-economic development, a person with a disability, health, education, women empowerment, community peacebuilding, capacity building, etc.
2. BETHANY SOCIETY is a non- profit, secular, registered, charitable Society established in Mendal, East Garo Hills, Meghalaya, India in 1981. We create opportunities for persons with disabilities and the rural poor through Inclusive Education, Sustainable Livelihoods, and Social Inclusion. We Work in Northeast India and the major focus of our interventions is in Meghalaya, India.
3. DIOCESE OF VARANASI SOCIAL WELFARE SOCIETY is a non-profit organization, established in 1980 that works primarily in the domain of Gender. Its primary office is in Varanasi, Uttar Pradesh. Any positive change in the society is possible only with greater

participation of women hence women empowerment is one of the major interventions of the organization Through SHG the rural women are able to improve their economic condition and assert themselves in their families and in the society.

4. FAKIRANA SISTERS SOCIETY is a non-profit organization, established in 1956 that works primarily in the domain of Education, Specially Abled and Governance. Its primary office is in Patna, Bihar. The Society major activities comprises of executing education projects rural development training and livelihood projects welfare of children and facilitate persons who are physically and mentally challenged.
5. FRANCISCAN CLARIST SOCIETY OF NORTH EAST is a non-profit organization, established in 1999 that works primarily in the domain of Gender, Employment, Business & Finance, Specially Abled, Food & Nutrition, Health, Education and Child & Youth Development. Its primary office is in Kohima, Nagaland.
6. GRAM CHETNA KENDRA, which translates to Village Awareness Centre, was formed in 1986 by a group of socially conscious individuals under the leadership of Mr. Om Prakash Sharma. Recognizing the immense needs of Rajasthan's rural poor, this group decided to combine their unique knowledge, talents, skills and experience to address the pressing issues facing individuals. Therefore, in 1989, the organization was registered as a voluntary, non-governmental organization under the Societies Registration Act and began formal operations from their campus, which is located in the heart of the project area in the village of Khedi Milak. This area is located 55km from the state capital, Jaipur, in Sambhar Block of Jaipur District. Before, GCK began working in the area; it had remained virtually untouched by mainstream development efforts, from both national and international sources. As a result, the population faced considerable economic challenges stemming from the lack of education, health care and government services, as well as the persistence of traditional beliefs and unequal power structures.
7. HANDICAPPED DEVELOPMENT FOUNDATION is a not-for-profit organization registered under Indian Trust Act 1882. It came into existence in the year 1999 with an objective to become the voice of disabled persons living in different parts of the state. Its operation is based in the state of Manipur serving in various areas like disabilities, health & education, women and child, aged and other weaker section of the society. It started at grass root level with the families of disabled people, village communities and other liked minded social groups by providing various services to this particular section. To fill the existing gap with various governmental schemes and benefits for disabled people we provide awareness to maximize the reach.
8. HOLY CROSS WELFARE TRUST, Sitapur is working on Key Issues of Education & Literacy, Health & Family Welfare, Micro Finance (SHGs), Women's Development &

Empowerment, Any Other .Our holistic approaches to health care and development and to the education of the women and youth are showing signs of positives changes in the lives of the people No more polio case Routine immunization has increased Booth coverage has increased Leadership qualities increased among women and children have become more clean and hygienic Women take initiative to send their children to school Child marriage has come down Formed Disabled persons organization.

9. PATNA NOTREDAME SISTERS SOCIETY is a non-profit organization, established in 1949 that works primarily in the domain of Education. Its primary office is in Patna, Bihar.
10. NIRMALA SADAN SOCIETY is a non-profit organization, established in 2005 that works primarily in the domain of Child & Youth Development, Employment, Tribes, Senior Citizens and Education. Its primary office is in Kathgodam, Uttarakhand.
11. THE SISTERS OF THE SACRED HEART CONGREGATION was founded in 1926 by Rt. Rev. Bishop Louis Van Hoeck S.J., the first Bishop of Patna, seeing the pressing need of the time. That time more than 80% of Bihar's population lived in the villages. They lived in utter poverty. Most of them were bonded labourers. They lived in the darkness of ignorance holding on to many superstitious practices and beliefs. They had no medical facilities what so ever available. They relied on 'ojha' and quacks for treatment.100% of illiteracy were prevailing at that time. The life of the poor was in misery. The condition of rural women and children remained as the oppressed and suppressed groups in the societies and in their families. They had no voice anywhere. Overall goal of the sacred heart sisters 'training school (SHSTS) Is to serve the rural poor and the needy through education, Health care, orphanage and socio-pastoral work.
12. ST. PAUL SERVICE SOCIETY is a non-profit organization, established in 1993. Its primary office is in New Delhi, Delhi. It operates social activities in Khandwa, Madhya Pradesh.
13. THE KODERMA FRANCISCAN CLARIST SISTERS is a non-profit organization, established in 2006. Its primary office is in Hazaribagh, Jharkhand.
14. THE SISTERS OF ST. CHARLES SOCIETY, Bihar Region is a non-governmental organization (NGO) working in Jharkhand, India. Established in the year 2006, The Sisters Of St Charles Society Bihar Region works in the area of Education & Literacy, etc. The NGO works towards the promotion of sustainable development.
15. NISHAKT JAN KALYAN SEWA SAMITI, Pamgarh, Distt Janjgir-Champa (Chhattisgarh) India. It is a especially social ministry organization. This institution is

recognized by the Chhattisgarh Government the Reg. No. BS2294. Dated on 07-08-1998. This institution is authorized by the Chhattisgarh government to work among the Society as Social welfare department. The main purpose of the institution is to help the handicap children in education, hygienic and rehabbed them to fulfill the purpose on the institution in educating the blind, deaf and dumb children by reaching out among the most remote places of Pamgarh, Distt Janjgir-Champa (Chhattisgarh) India. On 1st July 1998 we started the school at that time we had only 13th handicap children (Blind, Deaf and Dumb) but now we have 105 children in our institution and most of the children are from Scheduled caste, Scheduled tribe, other backward caste and other. These all children come from the poor background and due to the former. They are not able to go to the good school. Therefore our institution has taken mission to take care of these children and give them good education, residence, hygienic, entertainment and games etc. They all are residence of rural area of the Raigarh, Jashpur, Korba, Bilaspur, Raipur, Janjgir-Champa, Chhattisgarh, India.

16. RESEARCH ACADEMY FOR RURAL ENRICHMENT (RARE) has come into existence in the year 1993 when a group of people representing different rural VOs, NGOs, Intellectuals, Developmental Activists, Experts, and Professionals joined together with a common vision for the development of their underdeveloped area. The RARE, Sonapur is a Humanitarian and Right based NGO working with multi-dimensional activities for the development process of communities. We aim at the development of people by strengthening the self-help character through a process of empowerment. For the socio-economic empowerment of the people and to enrich the quality of the rural citizen through research action, reorganizing and reorienting their social system is the main thrust area of work. People's participation is the key strategy of our every action and program implementation.

2 EVALUATION METHODOLOGY

The evaluation methodology is based on the evaluation criteria of the OECD/DAC with a mixed quantitative and qualitative methodology. A thorough document review of relevant project related documents, reports and papers has been done to prepare the analysis part of the evaluation. In process of evaluation we assessed all partner organizations by the method direct meetings with concerned staff, online/ virtual meetings and field visits. Through direct meetings conducted at JVS with the staff of Koderma Franciscan Clarist Sisters Society, The Sisters of St. Charles Society and Nirmala Sadan Society. Virtual/online meeting organized with Handicapped Foundation, Bethany Society, St. Paul Service Society, Agra Catholic Diocese Social Service Society, Franciscan Clarist Society of North East, NESSHC, Gram Chetna Kendra and Nishakt Jan Kalyan Seva Samiti. A week long field visit has been conducted to the partner organizations in JVS Sub centre Durgawati Bihar, Fakirana Sisters Society, Bettiah, PNDSS Gahiri, Bihar and Research Academy for Rural Enrichment (RARE) Odisha. Meeting with project staff at JVS HQ

was conducted. Meeting with some partner organizations was conducted virtually. Subjective and objective questionnaire, focused group discussion, observations were used to collect data/information for evaluation. The project evaluation has been carried out under evaluation norms and ethical standards as well as OECD criteria. This is a summative evaluation involving qualitative and quantitative methods to evaluate implementation processes and performance of the project Sambhav for recommendations to get similar support in future.

2.1 DATA COLLECTION METHODS

The project evaluation has been carried out through wide participation of all relevant stakeholders including implementing organisation, partner organisations, field staff and parents of children with disabilities. Field visit has been planned to selected project areas and debriefing with organisation heads, field staff and parents during the evaluation process.

Table-4 Evaluation Methods

Method		Description
1	Document review of JVS HQ and 16 partner organizations related writings and relevant reports	Review of all available and relevant documents pertaining to the project from commencement of the project in 2018, relevant policy and/or strategic documents regarding the Tele-rehabilitation project “Sambhav”
2	Meeting and Interview	Meetings and semi-structured interviews have been conducted with project staff, stakeholders, beneficiaries
3	Questionnaire for key interventionist in partner organizations	20 subjective questions were prepared both in English and Hindi and feedbacks taken from the key staff in partner organizations.
4	Objective questionnaire for parents of children with disabilities	25 objective questions were prepared for the parents/guardians of children with disabilities
5	7 Observations	Observations of the rehabilitation services delivered to beneficiaries through CBR workers involving parents
6	7 Case Studies	In depth studies of 7 cases and interaction with the parents/guardians were done either through physical visit or through virtual mode.
7	Focus group discussion	A semi-structured group meeting and discussion has been conducted with representatives of 4 partner organizations.

2.2 DATA ANALYSIS

The data analysis has applied a mix of qualitative and quantitative methods. The interpretation of field visit data has been partially validated through a meeting with JVS HQ staff on the last day of weeklong visit to partner organizations, whereby the preliminary findings and conclusions were presented and discussed. Baseline and end line monitoring data and feedbacks received through field visits and interview with field staff were compared to measure the change for the

EVALUATION FINDINGS

Table-5 Evaluation Findings

SL.No.	Area	Factor	Finding	Remarks
1.	Relevance	Need Assessment	The assessment of the rehabilitation services has been nearer to the centre-based services	Overall, the technology-based rendering of rehabilitation services has been found as very relevant in reaching the rural and remote areas where the poor people get immense help. The impact has been found to be very useful. It has a very low cost and is time saving
		Coherence & logic	There is synchronization of coherence and logic in the implementation of the services which has been validated by community acceptance in all the identified villages.	
		Strategic alignment	The success of the project has been possible due to strategic alignment throughout the project implementation. It has been found out that timely calibration of factors worked towards strategic alignment.	
2.	Efficiency	Activities completed	As per the plan	
		Resource utilization	Optimal	
		Mainstream partnership development	To be planned and worked in the next phase.	
		DPO promotion and linkage	To be planned and worked in the next phase.	
		Value for money spent	Well realized	
		Management, Monitoring & Reporting	Found to be very effective	
		Gender focus	Has been found to be good.	
3.	Effectiveness	Premised on disability and functional ability	Need assessment has been based on the disability and functional ability to develop the rehabilitation services.	There is an increased and easy access of rehabilitation services by the persons with disabilities and their
		Increased and easy access to	It has been observed that the persons with disabilities	

		Rehabilitation services	who have received the rehabilitation services have been benefitted by increased mobility and access to mainstream facilities	families which has been validated through the evaluation.
		Capacity building of partner organizations	It is very much evident by the way the rehabilitation services have been delivered successfully by the partner organizations and their staff.	
		Synergy linkage with other programs	There is a need to work on the synergy-link with other programs.	
		Good Rehabilitation Practices (GRP) and Lessons learnt	The entire process of project implementation is considered as a manual for good practices.	
4.	Impact & Sustainability	Independent living	Achieved for the capable persons with disabilities post the rehabilitation services.	
		Enhancement in income generation & livelihood	The families have been benefitted much by saving the expenses otherwise incurred for availing the services at far off urban locations. The families have also got the benefit of utilizing the saving of time for wage earning. PwDs trained in livelihood programs started earning.	
		DPO capacity building	This needs to be worked upon in the next phase.	
		Mainstreaming partners' change in attitudes and practices.	Concerted focus needs to be given on this project specifically.	

3.1 THE MAIN FINDINGS:

Any evaluation has to meet the golden rule of finding out the **relevance, efficiency, effectiveness, impact and sustainability**. The findings under these parameters are given in Table-6.

Table-6: Scale of Evaluation Criteria Fulfilled

Relevance	Efficiency	Effectiveness	Impact	Sustainability
High 1. Proper problem & need assessment 2. Proper assessment & Selection of beneficiaries 3. Good intervention logic	High 1. Technology acquisition 2. Technology deployment 3. Technology utilization	High 1. People acceptance 2. people involvement 3. People empowerment	High 1. Great majority of beneficiaries graduating upwards 2. Increased capacities of partner organization 3. Strengthening disability inclusion	High Potential 1. Time saved 2. Increased income of family 3. Family member's interest to be service provider 4. Increased accessibility 5. Use of low cost assistive devices



3 RECOMMENDATIONS

The project has scored high on all evaluation criteria – relevance, efficiency, effectiveness, impact, sustainability and there are thus few if any recommendations that can be made to improve management, operation or making the programme sustainable.

Table-7: Summary of Recommendations

Recommendations		Method of implementation by JVS, Varanasi
1. REPLICATION POTENTIAL	It is recommended to scale up the programme gradually by extension and spread of services Pan-India by replicating the telerehabilitation covering a greater number of organizations on mission mode. To accomplish this, involving not only the grass root NGOs but the Government authorities at Central and State levels is essential. A task force can be constituted to work on this to suggest a Plan of Action.	<ol style="list-style-type: none"> 1) Identification of additional suitable mainstreaming partners. 2) Communicating and convincing the authorities of state and central Govt., to enlist their support. Ministry of Social Justice & Empowerment need to understand the importance of the telerehabilitation services and promote this technology and make it a pan-India programme.

2. EXPANSION OF SERVICES	It is recommended that the next phase and future projects should focus on expansion of services to cover all 21 disabilities as per RPD Act 2016, with a greater number of professionals at JVS unit.	1) Enhance and modernize the rehabilitation unit at JVS for demonstration during physical & virtual meets using high resolution cameras. 2) Engage a greater number of rehab professionals and virtual consultants.
3. FUND FLOW TO THE PROJECT	More funds are required to enhance services and replicate the same to a greater number of partner organizations. Funding support to partner organizations will motivate them to work more effectively.	1) JVS must put efforts to get more funds from funding agencies, govt agencies and CSR funds. 2) Measures to be taken to showcase the impacts of the project to the stakeholders and develop a good strategy for raising funds.
4. TOTAL QUALITY MANAGEMENT PLANNING	Total quality management is very important aspect of managing a project and must be taken care of for better and quality service delivery.	1) JVS will identify and empanel consultants/experts, and invite them to periodically review the projects and provide necessary inputs to maintain/improve total quality of service delivery.

5. CONCLUSION:

- (1) Telerehabilitation services have been found to be feasible and effective. Hence there is an immense need to scale up throughout the country with the support of Central and State Governments.
- (2) Fine tuning of the last mile requirements has to be undertaken to ensure the capacity building and ensuring sustainability.
- (3) Showcasing of the successful cases need to be undertaken for communication and branding among all the stake holders including the Government authorities.
- (4) Documentation and dissemination of the success of the project need to be undertaken.
- (5) Organizing National Conference need to be designed and organized.

Annexure-A (List of Partner Organizations, Existing & New)

EXISTING		
SL.No.	Name of Organizations	State
1.	AGRA CATHOLIC DIOCESE SAMAJ SEVA SANSTHA	Uttar Pradesh
2.	BETHANY SOCIETY	Meghalaya
3.	DIOCESE OF VARANASI SOCIAL WELFARE SOCIETY	Uttar Pradesh
4.	FAKIRANA SISTERS SOCIETY	Bihar
5.	FRANSISCAN CLARIST SOCIETY OF NORTH EAST	Assam
6.	GRAM CHETNA KENDRA	Rajasthan
7.	HD FOUNDATION	Manipur
8.	HOLY CROSS WELFARE TRUST	Uttar Pradesh
9.	PATNA NOTRE DAME SISTERS SOCIETY	Bihar
10.	NIRMALA SADAN SOCIETY	Uttarakhand
11.	SACRED HEART SISTERS TRAINING SCHOOL	Bihar
12.	ST. PAUL SERVICE SOCIETY	Madhya Pradesh
13.	THE KODERMA FRANSISCAN CLARIST SISTERS	Jharkhand
14.	THE SISTERS OF ST CHARLES SOCIETY	Jharkhand
15.	NJKSS	Chhattisgarh
16.	RARE	Odisha
NEW		
1.	CINI MOYNA RURAL HEALTH DEVELOPMENT CENTRE	West Bengal
2.	JIRSONG ASONG	Assam
3.	KHANDWA DIOCESE SOCIAL SERVICES	Madhya Pradesh
4.	MANAV SEWA KENDRA - MSK	Uttar Pradesh
5.	GARDEN REACH INSTITUTE FOR THE REHABILITATION AND RESEARCH	West Bengal
6.	MARGDARSHAK SEVA SANSTHAN	Chhattisgarh
7.	ABILITY INDIA	Odisha
8.	SATYAGRAH VISION FOUNDATION	Chhattisgarh
9.	PGSS	Uttar Pradesh
10.	DSWS	Uttar Pradesh
11.	NAMAN SEVA SAMITI	Madhya Pradesh

Annexure-B (Questionnaire used for evaluation)**A) Questionnaire For Qualitative Evaluation:****B)**

- 1) Compared with the services provided in person, how do you find the services online?
- 2) Do you find the online services or tele-rehab services appropriate and specific to your requirement?
- 3) Do you find any gaps between the in person services and online services?
- 4) Can you specify the nature of gaps?
- 5) What is your recommendation to improve the telerehab services?
- 6) Do you utilize the advantage of both time saved and travel cost and hassle saved for your development? If so, please narrate the way of taking advantage of the time and travel?
- 7) If not, do you want any support? Please narrate.
- 8) Is there any improvement in your movements, walking and being independent?
- 9) In what way has the improvement changed your life?
- 10) Can you continue to do the therapy practice on your own or with the help of family members without the guidance of the experts on line as and when you require?
- 11) Do you find any difficulties in doing the practice? If so please narrate and also give your suggestions.
- 12) Have you experienced network problems?
- 13) How did you overcome the problems?
- 14) Do you expect the NGO to intervene and approach the network service provider?
- 15) Do you suggest that the telerehab services can be extended to other villages?
- 16) Is the telerehab service affordable and accessible in a sustained manner?
- 17) Have you experienced any change in the attitude of people in the community when you find that your dependency on others has reduced considerably?
- 18) Do you now participate actively in society?
- 19) Whether people in the community seek your suggestions in matters related to the development programs of the society?
- 20) Whether parents/families are happy with the e-rehab?

C) Questionnaire for Quantitative Research Study:

Tick (✓) the right answer

SL.No.	Items	Yes	No
1.	Is the tele-rehab unit at JVS functional fully as per the schedule?		
2.	Are the CBR facilitators on rehabilitation diagnosis adequately trained?		
3.	Is the tele-rehab solution user friendly?		
4.	Are there any bottlenecks in the functioning of tele-rehab system?		
5.	If so, have they been brought to the notice of the specialists?		
6.	Is the tele-rehab capable of diagnosing correctly all the time?		
7.	Are there any occasions when the diagnosis was not right?		
8.	Do you find the therapy not appropriate at times?		
9.	Is it 10% or more of the patients seen in a month?		
10.	Was the capacity development of Partner Organizations and sub-centres in providing physical rehabilitation fully effective and completed by end of 2020?		
11.	Was the Project SAMBHAV project found as reliable e-rehab system?		
12.	Is there a wide acceptance of Project SAMBHAV?		
13.	Is there a knowledge base in place in Project SAMBHAV?		
14.	Do you avail the resource of knowledge base for improving and sustaining your competencies?		
15.	Is the Project SAMBHAV better than the traditional physical rehabilitation in terms of efficacy?		
16.	Is the Project SAMBHAV better than the traditional physical rehabilitation in terms of time saved?		
17.	Is the Project SAMBHAV better than the traditional physical rehabilitation in terms of money saved?		
18.	Is the Project SAMBHAV better than the traditional physical rehabilitation in terms of confidence and capability generated in the parents to be the care-givers at home?		
19.	Do you strongly recommend the Project SAMBHAV to be introduced in the rural areas in other States, regions and districts?		
20.	Do you have any suggestions for improvement of Project SAMBHAV?		
21.	Do you think your clients (Children with disabilities) have got benefit from Tele-Rehabilitation system?		
22.	Is there awareness of Project SAMBHAV in the immediate community?		
23.	Has the health department of the local Govt been oriented about the Project SAMBHAV?		
24.	Do they have positive attitude towards Project SAMBHAV?		
25.	Has there been satisfaction among the persons with disabilities and parents?		

Annexure C (List of Tables)

- Table 1: Description of the expected outcome and outputs of the intervention
- Table 2: Comments to Outcome Indicators
- Table No. 3 List of partner organizations.
- Table-4 Evaluation Methods
- Table-5 Evaluation Findings
- Table-6: Scale of Evaluation Criteria Fulfilled
- Table-7: Summary of Recommendations

Annexure D (Field Visit Schedule of Ext. evaluator)

Date & Schedule

21/2/2022- 10.00 AM: Meeting with JVS Team, Physical Evaluation of Telerehabilitation unit & Virtual evaluation of KFCSS Koderma.

22/2/2022 - 10.00 AM Physical Evaluation of (FSS & SHSTS) at FSS and 1 PO at PNDSS Gahiri.

23/2/2022 - Physical Evaluation of JVS Sub Centre, Durgawati Bihar.

24/2/2022 – Physical evaluation with Partner organizations-St. Charles Society /NSS/Holy Cross.

25/2/2022 - Virtual evaluation with partner organizations – HD Foundation/ Bethany Society /St. Paul Service Society/ACDSS/FCC/NESSHC/Gram Chetna/ NJKSS

26/2/2022 – Physical Evaluation of partner organization RARE, Sonapur, Odisha.

Annexure-E (7 Case Studies)

Case Study-1: Abhijit Kumar is a child with CP quadriplegia. He is from very poor family and his parents are illiterate. His father is a daily laborer and mother is a housewife. He has one elder brother of 18 years old and a younger sister 2 years old, both of them are in good and healthy condition. His family is economically very poor, even though they have a small portion of land and so on. Abhijit is a bed ridden child, always remained in bed. Even though he was treated in the beginning, but because of the ignorance and negligence of the parents and the family members, and also because of the lack of economic problems he could not bring any improvement on his physical condition. The child seemed always crying and never tried to crawl, or makes any movement. So he could not keep his neck, legs, hands etc. straight and steady. In this crucial physical condition, we joined this child with the JVS-Sambhav program and began to make frequent visit, counseling to the parents and timely guidance to the parents.

By the constant effort through Tele-Rehabilitation, Abhijit who never touched any food by himself began to eat certain food, which he could hold like biscuits, etc. and is trying to eat by himself, slowly. He also tries to drink water by himself. He started to hold the ball and other small playing items in his own hands. He also started to show expressions of hunger, toilet purpose, sleep etc. Even though he had AFO with him, they were never using it, but later on as they witnessed the improvement, they started to use it and with this support he is able to stand for little time.

Case Study-2: Shrishti is seven years old child with Cerebral palsy Diplegia. Her parents are very poor and not educated much. Her father is working outside Koderma engaged in daily labour work and her mother is a housewife. They are four children and she is the fourth one.

- She was unable to sit, even with the support of anybody or anything.
- She was not able to stand even with the support of anybody or anything
- She was not able to eat anything by her own and her hands were not able to lift or to pick up anything.

Even though her disability was identified early, and the parents had approached a few doctors years back, and treated her, but there was not much improvement seen. Through the therapeutic management, guided by Tele-Rehabilitation program, Sambhav, slowly Shrishti started improving, more because of the regular follow up sessions, therapeutic exercises by the parents. She was given special chair, standing frame and walker for the daily use and home based therapy and was slowly improving herself. She was given exercises like: making her to sit in the corner, and thereby slowly training her to sit without any support and now she is able to sit without any support, she is able to hold the pen in her hand, and she will not be able to write, but she is able to scribble with the pen in the paper. She is trained to stand with support, and slowly she has learned to stand with the support for some time, she is able to eat slowly, and other than rice, she is able to catch hold of the food and eat by herself, which was not possible earlier.

Case Study-3: Daisy is the only child of Naorem Jibolata Devi & Naorem Nanao Singh from Singjamei Makha Leikai, Imphal West, diagnosed the child as cerebral palsy. The child was undergoing physiotherapy treatment at private clinic as per Doctor's advice. She was having poor balance, lack of coordination & difficulty in doing ADLs activities like eating, dressing & grooming with limitation. Moreover, she couldn't speak clearly

After receiving guided therapeutic intervention and referral medical services through Tele-Rehabilitation Project Sambhav, she has gradually improved in her daily self-care activities like eating & balance as well as coordination. She is now able to climb stair with minimum support. She can write alphabet letter A-Z but having a little problem in pronunciation. The child can go to toilet without support. Moreover, she is independent in eating & dressing.

Case Study-4: Raju M/8yrs, s/o Mr.Kailash from Village Ted, dist. Khargone of Madhya Pradesh, India is a CP Quadriplegic child. He is from very interior village and belongs to a poor family. He was not able to stand and walk, did not follow commands and unable to speak also, as could be seen from their old videos. His living condition was very poor and parents were not

interested in his care. Only the other siblings used to meet his needs. The only rehabilitation centre in that area was also far away from their home.

Through Tele-Rehabilitation services, the parents received repeated counselling, and door step therapeutic interventions, low-cost parallel bar using local bamboo at home, could be made available for Raju. Parents were also trained on how to administer basic exercises for their child.

Now, the child has developed to walk with support. His socialization skills have also improved. He is following the commands now and is able to do some of his ADL like eating, going to meet his needs, etc... all by himself. His progress is very satisfactory and he is cooperating with all the activities.

Case Study-5: Rinki is a 5-year-old child. She is C.P Quadriplegic from Katkahi, District Gumla, and State Jharkhand. Her Mother was sick during her pregnancy. Rinki had a late birth cry. After six months, she was finding it difficult to turn both sides. And after three days she started to suck her mother's milk. According to the doctor's prescription, child development has been delayed. The parents tried their best to go for the good treatment of their child. But the child was unable to sit, stand or walk and was fully dependent for her mobility and ADL.

After she was enrolled in the JVS Sambhav tele-rehabilitation program, her Individual Rehabilitation plan was made with the guidance of Mr. Hiranand, as could be seen from records. Through home-based rehabilitation, the child was given physiotherapy sessions guided by physiotherapist from JVS. Now, there is significant improvement not only in her ability to sit and stand with support, but also in her social, intellectual & emotional spheres. Now, she is a very sensitive, loving, cheerful and understanding child. She is approachable. Still, she is fully dependent on her Daily Living Activities such as toileting, brushing, eating, drinking, taking baths, washing the clothes, but this is expected she will improve her independent living skills in near future. Parents are very happy to see the improvement of their child.

Case Study-6: Nikita is a child with cerebral palsy from Buipal village in Khandwa District, Madhya Pradesh, India.

Nikita was born with cerebral palsy in a poor family. Her father is a bus driver and mothers a housewife. Nikita has one younger brother only. As Nikita lived in a remote village, she had been deprived of rehabilitation services. On August12, 2018 at the age of 4 Nikita was enrolled to the tele-rehabilitation project "Sambhav" through the affiliation partner organization St. Paul Service Society. She was then with high support needs neglected even by her parents. Through Project Sambhav, proper assessment and Individual rehabilitation plan was prepared. As per the Individual rehabilitation plan, home-based therapy was initiated by the CBR facilitator. Along with it, Nikita's mother was coached on basic therapy, like proper positioning and stretching exercises and functional activities. Regular monitoring and real-time parent guidance and counselling were being provided by the expert from Project Sambhav. As a result, with the participation of parents and the efforts of the CBR facilitator, Nikita's condition started improving particularly excessive salivation is reduced, improvement in co-ordination of hands

while handling objects. She now can sit without support and able to stand with support and walk through the parallel bar.

Nikita is now able to walk to the toilet for her personal needs with support of her mother. Nikita's parents are now happy about the improvements that they see in their daughter and are willing to make more efforts for her further improvements in Nikita's health condition.

Case Study-7: Chuman Kumar is an eight-year-old child with Cerebral Palsy quadriplegia and is the only son of Sikender Sah and Malti Devi, his second wife. Sinkender Sah is a farmer and a vegetable vender. Chuman had severe tightness and contracture in his lower limbs, for which he was unable to walk and always lying on the bed. The child only could recognize his parents and would cry if someone else comes closure to him. He expressed his needs only through crying. After the intervention through tele -rehabilitation programme started in Gahiri, brought amazing changes in the lives of everyone in the family. Mr Niranjan Kumar, the CBR Staff of Gahiri after the training on tele rehabilitation began home based physiotherapy under the guidance of Mr, Hiranand, the JVS physiotherapist. Niranjan very soon won the heart of Chuman. The Child developed an emotional bonding with him and looked for him. The parents started cooperating. They were happy to do the follow up physiotherapy taught by Niranjan. Every day as soon as Chuman woke up he would ask, “Bhaya kab ayaga”? (When is brother coming?).The attitudinal change of everyone in the family was something to feel great about. During the Disability camp organized in the center the child was provided with elbow gaiter for both upper limbs and AFO for both lower limbs. Along with regular physiotherapy and devices brought a great change and improvement in the child. The improvement vividly seen in Chuman after the intervention in his physical. Social, language and ADL are summarized here.

- Reduced tightness of the limbs and improved the range of motion. Take a few steps with support
- Reduced drooling of saliva
- He started chewing the food
- Improvement in understanding a little more complex language
- Started speaking few words but not clear
- Able to identify people and improvement in social behavior.
- He has become a happy child drawing everyone to him.

The Smile on Chuman's face, the new hope and enthusiasm in the family are the greatest outcomes of Tele-rehabilitation project “Sambhav”.