

Global Poverty Action Fund ANNUAL PROGRESS REPORT 2013

Please read the following instructions carefully.

This annual report template includes DFID reporting requirements for 2013. It is designed to:

- ✓ provide assurance on project progress and management;
- ✓ check compliance with the terms and conditions of your grant;
- ✓ inform a wider analysis of all GPAF projects; and
- ✓ contribute to learning on emerging results.
- ✓ The revised template reflects grantholders' and Fund Manager's experience from previous rounds

What is required:

How

- Use the Annual Report template (this document)
- Cover the period between 1st April 2012 and 31st March 2013
- Keep to page length requirements
- Submit your Annual Report and all accompanying documentation including separate annexes as WORD documents, not as PDF files.
- Send it by email to gpaf@tripleline.com. Hard copies are not required.

When

Your report is due by **30th April 2013**

What to send – use as checklist:

1. Narrative Report (this document)

Check	Section and Title		Max no. of pages	Notes
<input checked="" type="checkbox"/>	1	Basic Information	2	Basic project data
<input checked="" type="checkbox"/>	2	Summary, Progress & Results	3	A narrative summary of progress and results
<input checked="" type="checkbox"/>	3	Value for Money (including Equity)	2	A summary of actions and achievements in relation to value for money, gender and inclusion
<input checked="" type="checkbox"/>	4	Lessons	2	Lessons from project implementation for learning and dissemination to others.
<input checked="" type="checkbox"/>	5	Project accountability to stakeholders	1	Information on project mechanisms to enable beneficiary feedback.
<input checked="" type="checkbox"/>	6	Responses to Due Diligence recommendations	1	Information on actions undertaken following Due Diligence review

Check	Section and Title		Max no. of pages	Notes
<input checked="" type="checkbox"/>	Annex A	Outcome and output scoring	8	A record of progress against the milestones and targets in your project logframe. Includes an assessment of progress against each indicator and the evidence which supports the statements of achievement.
<input checked="" type="checkbox"/>	Annex B	Consolidated beneficiary table	2	An overall summary of the number of project beneficiaries.
<input checked="" type="checkbox"/>	Annex C	Portfolio Analysis	3	Some basic information about your project to feed into an analysis of the whole portfolio of GPAF projects.

2. Project Documents (attachments)

Check	Document	Notes
<input checked="" type="checkbox"/>	Photograph	A photograph which illustrates your project – see section 2.1 of the report.
<input checked="" type="checkbox"/>	Most recently approved Logframe and Activity Log	In word or excel format. Please label it “GPAF (ref no.) MOST RECENT LOGFRAME”.
<input type="checkbox"/>	Revised Logframe	If applicable – see section 2.6 of the report.
<input type="checkbox"/>	Revised Risk Matrix	Highlighting any new risks If applicable - see section 2.8 of the report.

3. Financial Report (attachment - use the most recent Excel template circulated with this report template)

Check	Document	Notes
<input checked="" type="checkbox"/>	Annual financial report	Worksheet 1 of excel template showing expenditure over 2012/13
<input checked="" type="checkbox"/>	Financial summary	Worksheet 2 of excel template showing a summary of expenditure over the life of your project

It is very important to note that:

- project expenditure must be reported against the **full budget agreed by Fund Manager** and not the summary budget used for expenditure claims.
- Any variances in excess of 10%, either positive or negative, (or transfers between main budget-sub-headings) must be explained.
- You should show any variances both in terms of total amount in GBP (£) and percentage of your budget.

If you have any questions about the completion of your annual reporting requirements, please contact Triple Line Consulting Ltd at gpaf@tripleline.com or on 020 8788 4680.

GPAF ANNUAL NARRATIVE REPORT		
SECTION 1: BASIC INFORMATION (Max 2 pages) - to ensure GPAF database is up to date		
1.1	Grantee Organisation Name	Sense International
1.2	Grantee Organisation Address	101 Pentonville Road, London, N1 9LG
1.3	Project partner(s) Please list implementation partners	1. Sense International (India), Gujarat (national coverage) 2. Blind People's Association, Gujarat (RLC West) 3. Digdarshika Institute of Rehabilitation & Research, Bhopal (SLC Madhya Pradesh) 4. Caritas, Goa (SLC Goa) 5. National Association for the Blind, Nasik (SLC Maharashtra) 6. Holy Cross Service Society, Tamil Nadu (RLC South) 7. Kottayam Social Service Society, Kottayam (SLC Kerala) 8. Uma Manovikas Kendram, Kakinada (SLC Andhra Pradesh) 9. National Association for the Blind, Bangalore (SLC Karnataka)
1.4	Project Title	Expanding Services for Deafblind People in India
1.5	GPAF Number	GPAF-IMP-009
1.6	Country/ies	India
1.7	Location within country/ies	Gujarat, Madhya Pradesh, Maharashtra, Goa, Tamil Nadu, Kerala, Andhra Pradesh, Karnataka and Puducherry
1.8	Project Start & End Dates	Start: 04/2012 End: 03/2015
1.9	Reporting Period	From: 04/2012 To: 03/2013
1.10	Project Year (e.g. Year 1, Year 2)	Year 1
1.11	Total project budget	£ 684,191
1.12	Total funding from DFID	£ 478,934
1.13	Financial contributions from other sources Please state all other sources of funding and amounts in relation to this project. Sources should be listed in brackets, e.g.: £75,000 (ABC Foundation)	Total £205,257 List all contributions £ 102,630 (USD 159,582 Vitol Charitable Foundation) £ 6,000 (£2,000 The Cotton Trust, £3,000 The Tula Trust, £1,000 The Eleanor Rathbone Charitable Trust) £96,627 (Sense International/other sources being secured)
1.14	Date report produced	(22 April 2013)
1.15	Name and position of person(s) who compiled this report	Name: Uttam Kumar Position: Programme Manager (India)

		Name: Elizabeth Ewen Position: Senior Programme Manager (UK)
		Name: Philip Middleton Position: Programme Funding Manager (UK)
1.16	Name and position of contact point for correspondence relating to this project	Name: Philip Middleton Position: Programme Funding Manager
1.17	Email address(es) for correspondence	Email 1: philip.middleton@senseinternational.org.uk Email 2: elizabeth.ewen@senseinternational.org.uk
1.18	Acronyms Please list & explain all acronyms used in this annual report. <i>e.g. ABC – Afghanistan Babies Charity</i>	
Acronym	Explanation	
BPL	Below Poverty Line	
EI	Early Intervention	
IEP	Individualised Education Plan	
IGA	Income Generation Activity	
OAE	Otoacoustic Emission	
OCI	Organisational Capacity Index	
RLC	Regional Learning Centre	
RTE	Right to Education	
SLC	State Learning Centre	
SSA	Sarva Shiksha Abhiyan (Education for All)	

SECTION 2: SUMMARY, PROGRESS AND RESULTS (max 3 pages)					
2.1	<p>PROJECT SUMMARY (200 words) In your own words please describe your project and its context. Include direct quotations from beneficiaries that illustrate how your intervention improves their lives. Please attach an illustrative photograph.</p> <p>The intended outcome of the project 'Expanding Services for Deafblind People in India' is that 10,000 deafblind people and 30,000 family members benefit from expanded services and recognition in eight states of the Western and Southern regions of India. It aims to reduce poverty and exclusion of deafblind children and young adults by building capacities of existing government and non-government infrastructure in health, education and livelihoods. The project is doing this through the following outputs: 1) Capacity of two Regional Learning Centres (RLCs) strengthened and six State Learning Centres (SLCs) established to deliver early intervention, education and vocational training services for deafblind people; 2) Early Intervention (EI) established to screen newborns and infants in 8 hospitals and provide services for 250 deafblind children (0-6 yrs); 3) Deafblind children (age 6-14) receive quality education (625 directly and 9,000 via SSA). 4) 125 deafblind young adults (14+yrs) receive vocational training, with 40 generating income. 5) State level networks of deafblind people, their families and teachers established, representing 484,000 deafblind people in India in advocacy and policy influence.</p> <p>Please find enclosed photographs with Hansa's story, illustrating how the intervention continues to improve the life of a deafblind person in Gujarat. Following support from her educator on communication, Hansa (22 years old) can be left alone so her mother Ramu can earn around 100 rupees (£1.20) per day working as a labourer, which although it may not be much is an essential addition to the family's income. "Now with my husband and son there are three wages coming in and, even if we have to borrow or go hungry from time to time, things are easier...And Hansa is happy and more confident."</p>				
2.2	<p>RELEVANCE Does your GPAF project remain relevant in the context where you are working? Please explain what you have done to ensure that the interventions represented in the logframe and activity log continue to respond to the needs of the target population.</p> <p>The project remains relevant to the three MDGs it is focusing on - 1 (poverty and hunger), 2 (education) and 4 (child mortality/health). These are key challenges facing deafblind people and their families, which the project is addressing. This is in a context where despite significant progress towards the MDGs and poverty reduction, marginalised people remain largely excluded from this progress in India. Deafblind people, due to their multiple disabilities, are a particularly vulnerable group facing additional barriers to realising their rights to education, health and employment. The project is enabling deafblind children to access education with the help of trained special educators, building capacity of deafblind adults to undertake economic activities and sensitising health workers about the needs of deafblind people including screening for the early identification of deafblind babies. Overall, the project activities are developing an inclusive environment for deafblind/multi-sensory impaired (MSI) people and their families. Baseline assessments that have been conducted during the first year, through an Organisational Capacity Index and Livelihoods Survey, are helping to ensure that the project remains relevant in responding to the needs of deafblind people and assessing progress against the logframe indicators.</p>				
2.3	<p>KEY ACHIEVEMENTS Please provide a summary of your three most significant achievements over the last year. This is an opportunity to tell the story of the project's success this year. Consider the most important changes the project has brought about; how many citizens benefited (men/women; girls/boys); who they are and how they benefited.</p> <p>1. 342 deafblind people (259 children and 83 young adults) are receiving direct services from the project</p> <p>2. Six state learning centres on deafblindness established.</p> <p>3. Setting-up and initiation of early identification and intervention centre at 4 locations</p>				
2.4	<p>PROGRESS AGAINST TIMESCALE AND BUDGETING Please read the statements below and tick 1 or more boxes as appropriate.</p> <table border="1"> <tr> <td>a. This project is on-track against its budget, deliverables and original time-scale</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. This project is not on track against its budget, deliverables and original time-scale</td> <td><input type="checkbox"/></td> </tr> </table>	a. This project is on-track against its budget, deliverables and original time-scale	<input checked="" type="checkbox"/>	b. This project is not on track against its budget, deliverables and original time-scale	<input type="checkbox"/>
a. This project is on-track against its budget, deliverables and original time-scale	<input checked="" type="checkbox"/>				
b. This project is not on track against its budget, deliverables and original time-scale	<input type="checkbox"/>				

	c. This project is expected to be back on track in the next reporting period	<input type="checkbox"/>	
	d. This project is not expected to be back on track in the next reporting period	<input type="checkbox"/>	
<p>Provide a brief explanation of the reported status including a summary of key factors affecting progress and how challenges have been addressed:</p> <p>The project remains on-track. The budget was revised in January 2013 during the quarter 3 claim and year end process, with the carry-over request being approved. Therefore, there was an underspend against the original year one budget, but full expenditure against the revised budget. In terms of deliverables, these are on track against all indicators, with some having been exceeded. However, one challenge is that the data relating to the number of deafblind children accessing government schools will not be available until late May or early June, meaning these figures could not be included in this report. Regarding the original time-scale, there were minor delays at the beginning of the project, until the completion of the project start-up meeting in late April 2012. Overall, it is expected that the targets over the 3 year project time-scale remain realistic and achievable.</p>			
2.5	CHANGES TO PROJECT STATUS		
	In the last reporting period have there been any significant changes in relation to the following? Tick the boxes as appropriate.		
	a. Project design	<input type="checkbox"/>	
	b. Partner(s)	<input type="checkbox"/>	
	c. Context	<input type="checkbox"/>	
	Provide a brief explanation of what has changed and why:		
<p>The main change has been the revised budget including the carry-over request. In addition, some revisions were made to the logframe during the logframe review process with the Fund Manager. However, these did not impact on the project design, partners or context.</p>			
2.6	CHANGES TO LOGFRAME/BUDGET		
	Please answer the question below. Note: All changes to logframes require approval from the Fund Manager. If you wish to change your logframe please attach a justification and a copy of your revised logframe highlighting the proposed changes.		
	Do you need to make changes to your most recently approved logframe? (tick as appropriate)		
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	If you answered 'yes' have you attached a justification and a copy of your logframe highlighting the proposed changes?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.7	RISK MANAGEMENT & MITIGATION		
	Risk management matrix: Please use the table below to describe the risks you faced in the reporting period and how you dealt with them.		
Which risks materialized during the year? Describe briefly.	Was the risk anticipated? Answer either: Yes, No, to some extent	What action did you take to address the risk? Briefly explain.	Was this action sufficient? Answer either: Yes; No; to some extent
1. Political instability or change in policies	To some extent - Yes (as type of risk was in the risk assessment), No (in terms of specific location)	The meeting between families of deafblind people at SLC Kerala had to be called-off due to a sudden strike on account of fuel price hike. We had to re-organise the meeting.	Yes, however, we had to incur some extra cost due to cancellation fees.
2.			
3.			
4.			

5.			
2.8	Are you expecting significant new risk(s) in the next reporting period that would affect project performance or completion? If yes, tick the box and list the new anticipated risks in the table below.		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Anticipated risks and mitigating actions. Complete the table if relevant. Focus on higher level risks such as a deterioration in operating environment (maximum of 4 risks).			
Anticipated risks		Intended mitigating actions	Risk rating: <i>Your assessment of risk probability & impact</i>
1.			
2.			
3.			
4.			
2.9	If you anticipate new risks please submit a revised risk matrix.		
	Revised risk matrix attached highlighting new anticipated risks (tick box)		
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION 3: VALUE FOR MONEY (including equity) (Max 2 pages)		
For guidance and resources on VfM please see: Value for Money: What it means for NGOs; and Integrating Value for Money into the Programme Cycle available on this website: http://www.bond.org.uk/pages/value-for-money-resources.html		
3.1	Equity: Does this project continue to contribute to equity (i.e. equitable poverty reduction and empowerment of men, women, girls and boys and relevant marginalized groups to participate in decisions that affect them at the local and/or national level?)	
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	To some extent <input type="checkbox"/>	
Please explain your response and provide examples as evidence of achievements		
The project contributes significantly to equity through its focus on deafblind people. Deafblind people are a marginalized group, even within the disabled population, due to their multiple-sensory impairments which make it difficult to communicate with other people and the interact with the world around them. In-line with the guidance in 'Integrating Value for Money into the Programme Cycle' the project "delivers the most value for poor and marginalised people".		
3.2	Effectiveness: Is the project achieving the intended results?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	To some extent <input checked="" type="checkbox"/>	
Please explain your response and provide examples as evidence of achievements:		
As the intended results are over 3 years, the project is achieving these to some extent at the end of Year 1. For example, at the beginning of the project 6 local organisations were established as State Learning Centres on Deafblindness. This was a key achievement of Output 1 and provides the platform for continued progress on all other project Outputs.		
3.3	Economy: What has the project management done this year to buy and employ inputs at an optimum value-for-money price?	
	Provide examples in bullet points:	
<ul style="list-style-type: none"> -This year, 4 partners (2 RLCs and 2 SLCs) have initiated Vocational Training for deafblind young adults. They have set-up the services, utilising locally available materials which provide value for money. -The training equipment and materials were purchased after a physical market survey by the Project Coordinator and Vocational Training Officer to ensure the best price available. -Only need-based materials were purchased to ensure the maximum utilisation of funds budgeted. 		
3.4	Efficiency: How do you ensure resources are used efficiently to optimise the results achieved compared to the required level of inputs (include reference to use of relevant benchmarks at the output level and the project's approach to working with others)?	
	Provide examples in bullet points:	
<ul style="list-style-type: none"> - The project works with local partners that already have expertise working with disabled people, so that expertise on deafblindness is being built into their existing infrastructure and knowledge on the challenges faced by disabled people in the region, rather than inputs which invest in new infrastructure. - Partners plan the training of deafblind people based on their individual needs and considering the skills required to be an active member of society. 		
3.5	Are there multiplier effects from this project?: e.g. potential for leveraging additional funds; longer term or larger scale implementation; or replication of approaches and results? Where additional project funds have already been secured, how have they been used to enhance delivery?	
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	To some extent <input type="checkbox"/>	
Please explain your response and provide examples as evidence of achievements:		
There are multiplier effects at different levels. We are seeing the SLCs benefiting from the expertise SI (India) and the RLCs in their regions have on deafblindness, for example during the exchange of experience and information at the project start-up meeting in April 2012. This is providing examples of replication of approaches. Furthermore, in the longer-term it has been intended from the design of the project that this implementation in the western and southern regions of India can provide a model for future implementation through the RLC and SLC approach in northern and eastern regions, thereby having national impact over time. Beyond India, the approach has potential to be replicated in other		

countries and by other organisations.	
If applicable, how has leveraged funds this affected the delivery of activities?	
3.6	Sustainability: What have you done to ensure the sustainability of the project results?
The partnership structure in the project ensures sustainability of project results as once local organisations have expertise working with deafblind people they can continue to provide appropriate services beyond the project. A key factor for sustainability is working with Government and the training of teachers working in the Government's Education for All (SSA) system.	

SECTION 4: LESSONS (max 2 pages)	
Please note you do not have to provide lessons under each area. Try to draw lessons on how you achieved results that might be useful for other GPAF projects. Try to <u>avoid</u> presenting obvious lessons (e.g. "the participation of women in project activities is key to their empowerment").	
4.1	Innovation: Describe any project innovations which have the potential for scaling-up or replication by your own or other organisations.
<p>The partnership with hospitals to identify children at risk through screening for deafblindness has been a new approach for us. This project is one of the first of its kind in India, where newborn infants are screened for possible congenital anomalies and at-risk of becoming disabled. This has not been tried with any other disability at this scale. At present, the health institutions or hospitals only do referrals, once they come across any children or adults with disability. Through this project, they are proactively screening all the children to determine if the newborn has any kind of anomalies leading to disability. This is replicable across major district civil hospitals in India and would result in early identification and a higher accuracy in assessments, thereby leading to timely interventions.</p> <p>Deafblind children remain largely marginalised from education as there are insufficient teachers trained with the skills to provide need-based education. Family members may also suffer, such as a brother or sister of a deafblind child missing school to look after their sibling while their parents work. Also, it is not possible to bring all children to any one organisation in a state. To deal with this, we partnered with SSA to provide need based services to deafblind children. Teachers in the government education system (SSA) can be better equipped to support the inclusion of deafblind children in schools. Through State advocacy meetings in 8 states of the project coverage area, one of the objectives was to influence SSA officials and ensure collaboration with state education agencies to ensure educator training and parent counselling through SSA. Therefore, while considered in the design of the project, this demonstrates a key lesson being that civil society organisations can train Government (SSA) officials on education for deafblind children which will enable more deafblind people to access the Education for All system.</p>	
4.2	Equity and gender: What are the key lessons learned from the project's approach to reducing inequalities between men women, girls and boys or other relevant aspects of diversity, particularly in relation to participation and empowerment in decision-making?

Gender equity is essential for successful initiatives. Girls with deafblindness are found to be powerless, isolated, anonymous and vulnerable to abuse and violence. They face more discrimination from their family members and society. Based on these learnings over a period of time, advocacy initiatives and network development interventions ensured to take these factors into account with gender and disability being mainstreamed throughout the process. Each activity addressed the need to both optimize the involvement of men and reduce the burden on women, the main carers. In recognition that participation could increase the burden of work on women, male relatives, especially fathers, have been encouraged to take key responsibilities and participate in the advocacy and network meetings. The fathers of deafblind children are sensitised and encouraged to provide support to their child's upbringing and education. At the state advocacy and networks meeting in Karnataka, a parents group comprising more of male members of family were sensitised on the role of the parents' network in deafblind advocacy. At the National Conclave in Bhopal, father of John, an adult deafblind from NAB Delhi, was present and actively shared concerns about his son's future. At the state network meeting in Andhra Pradesh, active mothers from the local parent network made a strong statement through their powerpoint presentation about activities of their network.

It may be noted that the incidence of disability was more evident amongst male children who are being provided services. This may be attributed to gender inequity, or families not openly coming out with girls with disability/deafblindness. However, all the services being carried out by the relevant partners have been gender neutral and disability rather than gender is the focus. It is important to highlight that it was and has always been the female parent who had been entrusted with or took the lead to ensure access to services for their child with deafblindness. This may be due to the fact that men are traditionally the main income earners of families. A large number of female parents have been the ones to make decisions with regard to their child with deafblindness. A key lesson learned is that women are key decision-makers for the decisions affecting their children, while at the same time men are increasingly participating in the activities that benefit their deafblind child through the aforementioned examples.

4.3 Capacity building: How have you been building the capacity of civil society, such as local partners and community groups, to address poverty and/or to negotiate and claim their rights? what approaches have been most successful? Provide an example.

The activities under the project are implemented through a network of partners. Building their capacities to undertake the task is a very essential component of the project. The programme support unit of SI(I) is focused on working exclusively on the needs of the 8 partners. The greater capacity of the partners results in smooth functioning of the project. For this purpose, we have developed the Organisational Capacity Index (OCI) to measure the capacity of partners, as well as to identify the areas where they need support. The OCI has components on programme management, financial management, reporting, staff management, indicators on quality of services and organisational governance. The scale enables us to analyse where we need to focus their capacity building. The OCI analysis in the first year suggested that staff were not fully aware about 3 important policies, Child and Vulnerable Adult Protection Policy, Anti-Bribery Policy and Whistle Blowing Policy. To address this, we ensured that we included these three policies as an agenda point in all regional and national level training programmes, onsite support and staff meetings.

State level advocacy meetings ensured sensitization of local authorities and initiated the process of collaboration, specifically with state education system. SLC representatives were engaged in these interventions to develop relationship with state agencies to ensure inclusion of deafblindness in their agenda. State SSA mission officials were present in most of these meetings and they committed their support for inclusion of deafblind children. Therefore, building the capacity of civil society organisations is also leading to increased capacity of government officials.

We continued with our belief in Network members as key players in advocating for deafblind rights and through our advocacy and network development initiatives, bringing all stakeholders on a common platform to discuss deafblind issues and advocate for deafblind rights. Through state level network meetings local parent groups were empowered to represent deafblindness and advocacy meetings provided them with an opportunity to share their concerns with local authorities directly.

4.4 Monitoring & Evaluation: What tools and methods have been most useful and practical in measuring and demonstrating evidence of project achievements?

We adopted a multi-pronged approach towards Monitoring & Evaluation. In the first month of the project, a project start-up meeting was held with representatives from SI and all partners, which outlined the project requirements and expectations. This was an important method, prior to the M & E, in ensuring all organisations have a clear understanding from the beginning and provided an opportunity to discuss questions (workshop report is available separately). Our partner staff provide us feedback on a quarterly basis on the development of project. This feedback includes narrative as well as financial information. Other than these documents, we ensure that field monitoring of the project must be conducted at least twice a year. The field monitoring is by a finance and programme staff. The project is also monitored bi-annually by qualified professionals in deafblind field to ensure that the quality of service delivery is maintained. The mentoring programme of Sense International (India) adds to the monitoring. The methodology helped us to ensure that partners implemented all the agreed objectives in the given time frame. A key tool developed is the aforementioned OCI, establishing criteria with which to measure the capacity of each partner, assess strengths and weaknesses, as well as capacity development over time.

4.5 Approaches to Empowerment and Advocacy: a) What lessons have you identified in relation to factors that enhance approaches to empowerment or advocacy processes? b) What lessons have you identified in addressing resistance against the empowerment of marginalized groups?

a) Enhancing approaches to empowerment or advocacy processes
 Network development process begins with bringing together network members having a common objective. Initially the focus of interventions is to bring clarity on roles, initiate communication and enable members to share information and their concerns. This is followed by timely interventions to ensure sustainability of these initiatives and the network as an empowered group.

b) Addressing resistance against the empowerment of marginalised groups
 At the very initial stage of influencing network members to bring them together, there is resistance due to individual commitments, lack of motivation and loss of hope. Once the group comes together, lack of regular communication and sharing can lead to disintegration as a group. For long-term sustainability, local level initiatives through partner organisations are critical. State advocacy initiatives to initiate a dialogue between network members and local authorities help to strengthen their belief and gives them a direction. Empowerment through association, sharing and local level strengthening has been helpful in strengthening these marginalised groups. Building their capacity in self advocacy has substantially contributed to their empowerment. The local families group, Vijetha, at SLC Andhra Pradesh is proactively involved in organising identification camps, certification camps and advocacy activities. They are also supporting the SLC in implementing Vocational Training programmes and other activities for deafblind/MSI children.

4.6 Other lessons learned: Please include any other lessons learned that you think may be useful for other partners, grant holders or DFID

- The training by the partners (SLCs) that included medical professionals, paramedical professionals and educators trained in single disability, has immensely helped create awareness about deafblindness. Early Screening has resulted in early identification and timely interventions. The partners have themselves improvised their early intervention services and created model services that are replicable and scalable, not only for deafblind people, also for people with other severe disabilities.

-Primary stakeholder engagement not only ensures their empowerment but also builds capacity of all other stakeholders in achieving common objectives. Active participation of network members in state advocacy initiatives has strengthened our belief in their role being critical for deafblind advocacy. Adult deafblind network members continued to benefit from training interventions for their personal and professional development in raising awareness about the needs of deafblind people and advocating for their rights. Its members were empowered enough to represent in state advocacy meetings as a group and also in their individual capacities. Prabhakar from RLC South, Anny Mathew from Kerala and Bharat Pardeshi from Maharashtra represented in state meetings of Karnataka, Tamilnadu, Kerala, Maharashtra and Goa. This lesson demonstrates how members of civil society organisations can come together to provide a strong voice in raising awareness and promoting rights of deafblind people.

4.7 Applied learning: How have you used learning to improve project delivery?

We had implemented the RLC approach before implementing this project on RLCs and SLCs which is now decentralising expertise on deafblindness. The learning acquired during the previous project was helpful for us in coordination and organising various capacity-building and education services for deafblind/MSI people. The key applied learning from an earlier project was how to plan the capacity building initiatives. Furthermore, we used information from the OCI and staff interaction to decide the training events we planned. During the monitoring visits, we analysed that partner finance staff do not have much understanding of deafblindness and their needs. This resulted in more time by the Project Coordinator with finance staff to explain why some equipment, for example sensory toys, are required in the project. This prompted us to organise a small workshop on deafblindness for finance personnel. We also talked about different aspects of project like mentoring, on-site training, outing for deafblind children, etc. It had an immediate impact on them, and project staff later reported that the finance staff and others in management now better understand the needs of deafblind people.

SECTION 5: PROJECT ACCOUNTABILITY TO STAKEHOLDERS (max 1 page)
 DFID is particularly interested in project mechanisms to enable beneficiaries to provide feedback to project managers. The questions below aim to enhance understanding of the use of beneficiary feedback mechanisms within the GPAF portfolio.

5.1 It is understood that the majority of GPAF projects collect feedback from beneficiaries. What questions does your project seek to answer in collecting this type of data?

The project collects feedback from beneficiaries to answer the following questions (list up to 4 examples):
 a) What is the need of the beneficiaries/ beneficiary group?
 b) What has been the impact of the intervention?
 c) How can we make improvement in interventions?
 d) Have we achieved our objectives?

5.2	How often do you collect and analyse beneficiary feedback data?	
	When a complaint is made by beneficiaries	<input checked="" type="checkbox"/>
	Once a year	<input checked="" type="checkbox"/>
	Mid-term	<input checked="" type="checkbox"/>
	Final evaluation	<input checked="" type="checkbox"/>

Other (explain in brief):
 Preliminary assessment is done to identify need areas before we plan any capacity building activities or advocacy activities. Training activities are planned based on the result of needs expressed by field staff. State specific advocacy initiatives are planned based on the need area of policy adaptation, collaboration with local authorities or sensitization. Similarly, network development can be ensured through need assessment of the local beneficiaries.
 Post event feedback is collected and analysed for further planning and improvement. Initial sensitisation is followed by further information sharing and follow-up on developments. Initial meetings with local authorities leads to possibilities of collaboration or participation in consultations. Local networks are strengthened by bringing active members together and their empowerment through interventions planned on the basis of feedback collected.
 Involving direct beneficiaries i.e. deafblind people directly in the feedback process is a complex issue. Considering the communication difficulties and language limitations they face, sometimes it is impossible to involve them directly in the feedback process due to difficulties in communicating. However, the project makes all the effort to involve them in the feedback process, wherever possible. Deafblind people also participate in the process through their families and care-takers, as they are able to communicate on their behalf and they know the needs of their deafblind family member well.

5.3 Provide a brief example(s) of how beneficiary feedback has influenced project decisions on implementation.

The network development is based on beneficiary feedback. Parent trainings are organised depending on the need of the parent network. Training on the importance of Occupational Therapy and Role of parents for children with MSI was organised in the west region network meeting. Details on needs of Gujarat State Parents Network Group (Pratyushh) were shared by one of its members Mr. Durgesh Shah, during the state meeting held in Ahmedabad. As a follow-up, a small group activity on future planning of Pratyush was held, followed by group presentation and action planning.

The inclusion of IGA support in the project is purely based on the prior feedback from the adult deafblind group from pre-project consultation. In the meetings, they raised the issue of employment and income. They communicated that mere education will not make them independent, unless they can engage in involved into employment and income generation. This guided the project looking more into financial rehabilitation, in addition to education services.

5.4 After their views are analysed, what feedback if any does the project provide to beneficiaries and how?

The project responds to the views of beneficiaries, particularly through parents, teachers or other network members expressing their views on behalf of deafblind people. For example, at the state advocacy meeting in Madhya Pradesh, the adult deafblind network members actively participated as an empowered group. They shared their concerns and advocated for the rights of all deafblind people in the country. State disability commissioner and state SSA mission officials were present to address the issues raised by this group of unique individuals.

SECTION 6: RESPONSES TO DUE DILIGENCE RECOMMENDATIONS (max 1 page)

Please provide an update on any actions taken in response to the Due Diligence Assessment of your organisation by KPMG (this does not relate to those recommendations included as specific terms and conditions in section 4 of your Grant Arrangement).

Responses have been provided to all the due diligence recommendations, as below.

Match funding requirements:

Sense International submitted a letter of commitment of match funding prior to approval of the grant arrangement, confirming the organisation's commitment to underwrite any shortfall in match funding. The discussions with the Vitol Charitable Foundation concluded with the award of USD 159,582 (£102,630 equivalent) match funding over the 3 years of the project, representing 50% of the match funding requirement. In addition, funds are being secured from a range of charitable trusts (£6,000 to date from three trusts). The 30% match funding commitment is being maintained.

Child Protection and Safeguarding Vulnerable Adults Policies and Procedures:

These policies were reviewed, shared with the Fund Manager and form part of the partnership agreements with partners. All policies were also presented to partners during the April 2012 project start-up meeting. Further discussions on the policies was added to the meeting agendas with partners.

Anti-bribery and Whistleblowing Policies:

As per above policies.

Memorandum of Understanding with delivery partners:

The MoUs/partner agreements were shared with and approved by the Fund Manager, then signed with all partners at the beginning of the project.

Logframe and Baseline:

The logframe was reviewed through meetings with the Fund Manager and the revised logframe agreed in August 2012.

The baseline data were included for the new indicators, with the discussions with the Fund Manager agreeing that in some cases this would be 0 and in others to be determined by surveys. The baseline for Organisational Capacity Index was collected for partner organisations in Year 1, being completed in February 2013. SI(I) staff visited partner organisations, conducted staff interviews and reviewed documents which enabled scoring using the OCI criteria. The criteria cover components such as Financial Accountability, M&E and Reporting, Staff Performance and Commitment, Quality of Services and Organisational structure, providing indicators for the capacity index.

The livelihoods survey is of particular relevance to the project Outcome and Output 4. The format for the survey was finalised between SI and SI (India) in December 2012, with survey responses received in January and February 2012. Following discussions on how to measure poverty, the survey format was developed to assess the situation of deafblind people and their families with different aspects to determine levels of poverty. It collects information about deafblind people receiving government benefits available for disabled people, how many family members are working, what is the main source of income, whether they are living in urban or rural areas, whether the family own their own home or rent. Therefore, the survey considers other factors in addition to income, with access to government disability benefits being a key factor relating to the project's overall outcome.

ANNEX A: OUTCOME AND OUTPUT SCORING (maximum of 6 pages)

PLEASE READ THE INSTRUCTIONS ON THIS PAGE CAREFULLY AND COMPLETE ALL SECTIONS

ANNEX A asks you to score performance against your Outcome and Outputs (Purpose and Outputs), making a judgement on the actual achievement of expected results in the reporting year. Use the five-point scoring system to rate your achievement of results. Your milestones should guide your judgement of how you rate your score.

- Under outcomes and outputs, list all indicators from your most recently approved logframe.
- Clearly state the achievement against the indicator in the reporting year focusing on results. Do not simply describe activities.
- Back up statements of progress/achievements with references to evidence that can be checked if necessary.

ANNEX A also asks you to provide disaggregated beneficiary data against outcomes and outputs. Note that ANNEX B now asks you to record total consolidated beneficiary numbers without double counting.

Score	Description of Score
A++	Output/outcome substantially exceeded expectation
A+	Output/outcome moderately exceeded expectation
A	Output/outcome met expectation
B	Output/outcome moderately did not meet expectation
C	Output/outcome substantially did not meet expectation

Annex A Outcome and Output Scoring (max 8 pages)

Retain in portrait format

0.1	Outcome: write in full your project outcome(s) in the box below
	1. Deafblind people and family members benefit from expanded services and recognition in eight states of the Western and Southern regions of India
0.2	Outcome Score: Please provide an overall outcome score (C – A++)
	A
0.3	Write in full each outcome indicator, the milestone, and state progress. Explain any over or under achievement.
	<p>1. No. of deafblind people and family members gaining access to education, early intervention, livelihood services and advocacy efforts in the target areas (disaggregated by gender) Milestone March 2013 - 2,175 DB people (M=1,153; F = 1,022), 6,525 family members</p> <p>Progress: During the year, Sense International (India) worked with partner organisations to recruit the staff and build their capacity to provide services to deafblind persons and their families. 78 children (0 - 6 years), 181 children (6 - 14 years) and 83 deafblind young adults (above age 14 years) benefitted from the programme, a total of 342 through the direct services of partners. These benefits helped 1,026 family members, considering the average family size. These beneficiaries are only from 8 direct partners. We have not yet been able collect the data from SSA, as the data compilation for the year is not available, but we will have access to this Government data from late May/early June 2013. Out of 2,175 deafblind people in year 1, we had planned to reach 205 deafblind people through 8 partners (which we have exceeded) and 2,125 from SSA (data to be confirmed). To provide them with quality services, we organised various training programmes. We trained 213 teachers and professionals and 66 project management staff to improve the quality of service delivery. We built the capacity of SSA officials, where we sensitised and trained 180 people from the departments. Network of families, teachers and adult deafblind focussed on strengthening their organisational system to support each other. Out of 8 states in the project, 7 states have a locally registered network of families of deafblind and MSI children. Therefore, there was over achievement on the target relating to direct project partners, but the number benefiting from SSA education is not yet known.</p> <p>2. No. of deafblind people accessing poverty and disability benefits offered by state and national governments (disaggregated by gender). Milestone March 2013 - 200</p> <p>Progress: From December 2012 a livelihoods survey was conducted by Sense International (India) to determine the number of deafblind persons and their families accessing benefits from the government schemes, thereby identifying a baseline and current status. The questions related to their income, rural/urban status, work, home, disability certificates, enrollment under various government schemes and other aspects to provide information on poverty and access to disability benefits. A total of 225 families sent their response (49% male and 51% female respondents). In the parents' occupation, 28% are involved in daily labour work, 31% in service (salary) and 24% parents have their own business or self employed. The majority of deafblind people (69%) live in a nuclear family - 69% come from urban areas where basic facility like transportation and rehabilitation centres are available, while 31% are from rural areas. Disability certificate is a document to avail government benefits in India. It was noted only 64% of deafblind people have a disability certificate provided by government agencies, 48% receive disability pensions (from Rs. 150 to Rs. 500) from the government. 79% of deafblind people have Below Poverty Line (BPL) cards. From 225 deafblind people (from families who responded), 109 deafblind people access one or more benefits from the government like pension, scholarship, aids and appliances. For others, once they get the disability certificate, process to enroll them into the government scheme will be initiated. Our aim is to connect all deafblind beneficiaries to with government benefits.</p>

0.4 Disaggregate the number of citizens benefitting from this outcome; describe briefly who they were and how they were engaged; NB. Adult = 18 years and above; Child = below 18 years. (Please delete the example in the first row)						
Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Change/Improvement
0	0	53	25	78	Deafblind children between 0 - 6 yrs	Receiving specialised services following identification
0	0	116	65	181	Deafblind children between 6 - 14 yrs	Receiving education from trained special educators
56	27	0	0	83	Deafblind young adults above 14 yrs	Receiving pre-vocational and vocational training, some earning income
69	155	0	0	224	Teachers and professionals trained	Improved understanding on deafblindness and teaching deafblind people
66	114	0	0	180	SSA staff trained	Improved capacity to educate deafblind children 6-14 yrs
51	107	0	0	158	Medical /Paramedical staff trained	Informed about needs of deafblind people, screening and referral services
37	29	0	0	66	Project Management staff trained	Increased capacity to report on project activities and support programme staff
				TBC	Deafblind children in SSA	Data available from June 2013
0.5 State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)						
The numbers mentioned here are directly associated with project. The individual case files are maintained at partner level, and reported to SI(I) on A quarterly basis. Separate report on training programmes, network meetings and monitoring visits are maintained at SI(I) level.						

1.1	Output 1 Write in full
Capacity of two RLCs strengthened and six SLCs established to deliver early intervention, education and vocational training services for deafblind people.	
1.2	Output 1 score (C – A++)
A+	
1.3	Write in full each output indicator, the relevant milestone, and state progress.

1.1 No. of partner's staff (special educators, teachers, community based rehabilitation workers, professionals) received basic introduction training on deafblindness from RLCs and SLCs.
 Milestone, March 2013 - 270 (F=160; M=110)
 Progress: The collaborative approach by SI(I) was adopted to build capacity of partners. Regional training on deafblindness by 2 RLCs was organised for 151 special educators and field workers. Considering the large size of the group and quality concerns, both RLCs organised the training programme in two phases. RLC south conducted a training programme for 50 special educators and field workers in phase one and for 25 in phase two. RLC West conducted the first phase of the workshop from 20th - 24th August 2012 and the second phase during 10th to 14th September 2012. 68 participants (29 in phase one and 39 in phase two) from four states of Goa, Gujarat, Madhya Pradesh and Maharashtra attended the workshop. The Participants were from the various NGO's working in the field of disability; this also includes the educators from SLCs. A basic level training for SLCs was organised by SI(I) during 10th-14th December 2012. These teachers are new in the field and needed skills related to Functional Assessment of deafblind children, Individualised Educational Plan, Teaching strategies, Therapeutic inputs for behaviour modification, Sign Language etc. Training team from SI(I) and RLC West were faculty for this workshop. 11 educators attended this training.
 A two days training on Capacity Building was organised in Cochin during 25th – 26th September 2012. The training was attended by 24 persons, including Project Coordinators and Account Officers of our project partners. The main objective of the training was to build capacity of partners on report writing, resource mobilisation, fair financial practices, preparing time sheets and increase their knowledge about FCRA- 2010.
 The National Training on Deafblindness was conducted from 8th-10th January 2013 and 26th-27th February 2013 in Ahmedabad. The theme of first training was "Communication Assessment of Children with Deafblindness", with the second focused on "Legislation and Guidance, Services and Rights". 35 special educators (10 Male 25 Female) working with the deafblind children from the partner organisations of SI(I) attended first training and 27 (10 male and 17 female) senior professionals and mentors attended second training.

1.2 % change in organisational capacity of eight partners to deliver services to deafblind people
 Milestone, March 2013 - 40% increase
 Progress: A baseline study to determine the OCI was undertaken by SI(I), with a scoring sheet developed following the completion of the logframe review in August 2012. All 8 partners were scored based on the components on Financial Accountability, M&E and Reporting, Staff Performance and Commitment, Quality of services and Organisational structure. All 8 partners are at different level at the score. The highest score received was by RLC West (72%), the lowest by SLC Goa (50%). Most organisations scored more in quality of services and organisational structure. However, there is a need to improving reporting and documentation among partners.

1.3 No. of family member care givers trained on supporting deafblind family member
 Milestone, March 2013 - 200
 Progress: RLCs and SLCs not only providing services to deafblind people, they are also building capacity of their families. To date 778 family members of deafblind people have received some kind of training. These training imparted through one to one meeting with teacher and network meetings. Training on communication, activities of daily living (like toileting, brushing, bathing, eating drinking, dressing etc), mobility, therapy etc are provided to family members.

1.4 Disaggregate the number of citizens benefitting from this output; describe briefly who they were and how they were engaged.

Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Nature of engagement
------------	--------------	------------	--------------	-------	-------------------	----------------------

45	106	0	0	151	The special educators and CBR workers from southern and western region	Regional training on deafblindness
20	42	0	0	62	Special educators from partner organisations, senior professionals and mentors	National Training on deafblindness
4	7	0	0	11	Special educators from SLCs	Training for SLCs
1	5	0	0	6	Mentors associated with SI(l)	Mentoring Programme
25	17	0	0	42	NGO leaders and project coordinators from southern and western region	Regional training on capacity building issues
12	12		0	24	Project coordinators and finance officers from partner organisations.	National training on capacity building issues
1.5	State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)					
	<p>The capacity-building activities of RLCs and SLCs were implemented through workshops and field visits. National level, regional level and partner specific workshops were organised to build their capacity. Staff of SI(l) conducted 16 on-site training programmes focused on partner specific needs. 12 mentoring visits by senior professionals in deafblind and MSI fields also helped SLCs to provide quality services to deafblind and MSI children. Participant from “Caritas” Goa Ms. Lynn Carvalho said; “I liked the way the faculty has conducted the session on functional assessment in a very simple way. This will help us do the functional assessment with our Deafblind students”. Another participant, Ms. Neeta Dubey expressed; “all the topics covered were very informative. The sessions were conducted in a very simple way, so it was really helpful to understand the whole concept of deafblindness...As I am trained in single disability, this workshop has given me an opportunity to know about deafblindness...after attending the workshop now I am confident enough that I will be able to screen the deafblind children in my organisation.”</p>					
1.6	Impact weighting (%) <i>Please insert the impact weighting for this Output (from your logframe) and note any revisions since your last Annual Report. If the rating has changed, please provide an explanation.</i>					
	20%					
1.7	Value of inputs for this Output <i>Please insert the estimated value of total inputs (in £s) allocated for the delivery of this Output (from your logframe) and note any revisions. If the value of inputs, or the DFID proportion of inputs has changed, please provide an explanation.</i>					

£27,035 (Year 1) - £97,402 budgeted over the 3 years. DFID proportion remains 70% of total.

2.1	Output 2 Write in full						
2. Early intervention (EI) established to screen newborns and infants in 8 hospitals and provide services for 250 deafblind children (0-6 yrs)							
2.2	Output 2 score (C – A++)						
A++							
2.3	Write in full each output indicator, the relevant milestone, and state progress.						
<p>During the first year of the project, Early Intervention services were set-up at 4 locations, 2 in West and 2 in South - RLC West (Blind People's Association) and SLC Maharashtra (National Association for the Blind, Maharashtra, Nasik), RLC South (Holy Cross Service Centre, Trichy) and SLC Kerala (Kottayam Social Service Centre, Kottayam).</p> <p>2.1. No. of health professionals (medical (M)/para-medical (PM)) conducting screening and reporting data. Milestone, March 2013 - M= 20 Pm = 30 Progress: Altogether 158 (female 107, male 51) medical and paramedical staff were trained on Deafblindness, Early identification, Screening of deafblind children, Functional Assessment of deafblind children. It was new information (deafblindness) for many participants. Many medical professionals gave the assurance that if they identified any deafblind or MSI children they will refer the deafblind/MSI person to the partner organisation. The SLCs organised 6 state level training events on deafblindness for these medical staff: 3rd -4th October 2012, SLC Goa; 22nd-23rd November 2012, SLC Karnataka; 6th-7th December 2012, SLC Kerala; 17th -18th December 2012, SLC Madhya Pradesh; 21st - 22nd December, 2012, SLC Andhra Pradesh; 4th-5th January 2013, SLC Maharashtra</p> <p>2.2. No. of children screened in 0-6 year age group Milestone, March 2013 - 50(M=27;F =23) Progress: All the four centres tied with local hospitals for screening of children and refer them to early intervention centre. At SLC Kerala, SLC Maharashtra and RLC South, all new born children at the partner hospitals are screened. At partner hospital of RLC West, only children at risk are assessed and referred to service centres. All these four centres have installed the early screening machine to assess the children for their hearing difficulties. However, for vision, a more observational and functional assessment is required. Among these four centres, total 285 (154 male, 131 female) children have been referred to the project as at-risk with dual sensory impairment. However, 78 children (53 male, 25 female) between 0-6 years are receiving regular early intervention services from our partners. The services includes sensory stimulation, nutrition support and communication training. Other children are not able to join the service for various reasons. Most of the remaining children are advised for re-screening after a year, where partners find them 'at-risk', also because they may be very weak (low nutrition is a main reason for this). The distance from the centre is another reason for many children not joining the service.</p>							
2.4	Disaggregate the number of citizens benefitting from this output; describe briefly who they were and how they were engaged.						
	Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Nature of engagement
	51	107	0	0	158	Medical and Para-medical staff	Attended training programme on deafblindness
	0	0	53	25	78	Deafblind children between 0-6 yrs	Receiving direct services

0	0	154	131	285	Deafblind children between 0-6 yrs	Referred by hospitals
2.5	State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)					
	The partner hospitals share the data of children screened on a monthly basis with RLCs and SLCs. The new born children are assessed in the hospital with an OAE screening tool for hearing and observation checklist for vision. Those identified as at-risk, are called for follow-up check-ups and re-assessed. If found at-risk again they are referred to an early intervention centre of partners.					
2.6	Impact weighting (%) <i>Please insert the impact weighting for this Output (from your logframe) and note any revisions since your last Annual Report. If the rating has changed, please provide an explanation.</i>					
	20%					
2.7	Value of inputs for this Output <i>Please insert the estimated value of total inputs (in £s) allocated for the delivery of this Output (from your logframe) and note any revisions. If the value of inputs, or the DFID proportion of inputs has changed, please provide an explanation.</i>					
	£26,358 (Year 1) - £94,963 budgeted over the 3 years. DFID proportion remains 70% of total.					

3.1	Output 3 Write in full
	3. Deafblind children (age 6-14) receive quality education. (625 directly and 9,000 via SSA)
3.2	Output 3 score (C – A++)
	A
3.3	Write in full each output indicator, the relevant milestone, and state progress.

3.1. - No. of partners' staff (special educators, teachers, community based rehabilitation workers, professionals) and SSA teachers trained in advanced teaching techniques of deafblind children by SI India.

Milestone March 2013 - 130 (M=52; F=78)

Progress: Through state advocacy meetings we influenced SSA officials for inclusion of deafblind component in their teacher trainings. State education department of Madhya Pradesh included a session on deafblindness in their five day training of newly joined Asst. Program Coordinators (APCs). Ms. Anuradha Mungi, Manager Training conducted the half-day training on introduction to deafblindness for APCs of Rajya Siksha Kendra, Madhya Pradesh (State Education Centre) attended by 20 participants (14 male, 6 female). During the state level training programmes by SLCs, we also invited participants from SSA and other NGOs to sensitise them towards the needs of deafblind children. Altogether 180 people (66 male, 114 female) were trained.

3.2. - Net enrolment of deafblind children in primary education (disaggregated by gender).

Milestone - 2,125 (M=1,226; F=899)

Progress: SI (India), RLCs, SLCs and SSA are providing need based services to deafblind children as per available resources. Children receiving education at RLCs and SLCs are receiving a minimum 6 hours of service every week. Under SSA, deafblind children identified are enrolled in regular schools and provided services through special educators appointed at district and block level. Master trainers prepared by SSA regionally all over the country in collaboration with SI (India) were further engaged to impart district and block level trainings. But these partially trained SSA educators are not sufficient in numbers to provide required services. The children at our partner organisations undergo annual clinical and functional assessment, provided with nutritional support, aids and equipments, resource and sensory room services etc. Through our partners, we are reaching out to 181 deafblind children (116 male, 65 female) under this age group (6-14 years). Under SSA many more children are being identified and enrolled in regular schools. Since their annual data are not yet published, it cannot be referred to at present. Inclusion of deafblind children in their programme will be seen as the impact of our work with them.

3.3. - % of trained teachers demonstrating increased knowledge and skills on teaching deafblind children.

Milestone - 50%

Progress: As mentioned above, through SLC trainings and inclusion of deafblind component in SSA trainings, 180 educators from partner organisations, disability NGOs and SSA were trained on deafblindness. To measure the increased capacity of teachers, a pre and post test for all participants was conducted on the training issues. Approximately 70% of the participants demonstrated their improved understanding on the subject.

3.4 Disaggregate the number of citizens benefitting from this output; describe briefly who they were and how they were engaged.

Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Nature of engagement
0	0	116	65	181	Deafblind children between 6 - 14 years	Direct service at partner organisations
66	114	0	0	180	Officials and teachers from SSA	Attended events on deafblindness

3.5	State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)					
	All RLCs and SLCs produce quarterly reports based on their activities. The report has mention of children and adults under project, assessment, provision of aids and equipments, advocacy work, parents training etc. The report is the main source of data collection. SI (India) also produce reports on its activities, covering the major discussions, decisions and signed list of participants.					
3.6	Impact weighting (%) <i>Please insert the impact weighting for this Output (from your logframe) and note any revisions since your last Annual Report. If the rating has changed, please provide an explanation.</i>					
	30%					
3.7	Value of inputs for this Output <i>Please insert the estimated value of total inputs (in £s) allocated for the delivery of this Output (from your logframe) and note any revisions. If the value of inputs, or the DFID proportion of inputs has changed, please provide an explanation.</i>					
	£32,582 (Year 1) - £117,386 budgeted over the 3 years. DFID proportion remains 70% of total.					
4.1	Output 4 Write in full					
	4. 125 deafblind young adults (14+ yrs) receive vocational training, with 40 generating income.					
4.2	Output 4 score (C – A++)					
	A+					
4.3	Write in full each output indicator, the relevant milestone, and state progress.					

4.1. No. of deafblind young adults receiving vocational training

Milestone, March 2013 - 25 (M=13;F=12)

Progress: 4 partner organisations, RLC West and South, SLC Andhra Pradesh and Maharashtra have set-up a vocational training programme. All four partner organisations have different approaches towards vocational training. RLC West trains adult deafblind people to undertake dyeing, painting, decoration, home care work, in addition to traditional skills like farming and grocery shopping. RLC South provides training to deafblind adults in areas such as canteen management, cooking, coir making, basket making among others. At SLC Andhra Pradesh, the products that are made in the vocational training centre are book binding, Lamination, Phenyl making, chalk making and lamp threads. More vocational trades like Painting of diyas (lights), making and selling of garlands, incense making, packaging work like packing of diyas and incense will also be introduced. At SLC Maharashtra, deafblind adults are trained on making decorative items and jewellery. All four organisations have taken different approaches based on local needs and opportunities, where these deafblind people can be employed. Eventhough, the specific training facilities have been set-up at these 4 centres, all 8 partners are involved in preparing deafblind young adults to be independent and active members of society. At present, 83 (56 male, 27 female) young adults over 14 years are receiving support through training.

4.2. No. of deafblind young adult households generating income

Milestone, March 2013 - 5

Progress: There are 13 deafblind adults (4 female, 9 male) involved in income generation activities. RLC West are supporting 9 deafblind adults alone, who are earning their livelihood on a smaller-scale. Though the income is not sufficient to support their need and family's requirement, they are able to take care of their own daily requirements. Another deafblind adult (with limited hearing and vision so his deafblindness is less severe), Mr. Prabhakar, has completed his Bachelors degree and is also teaching deafblind children independently. There are another 3 deafblind adults involved in family businesses.

4.3. No. of deafblind young adult households receive business/IGA advice.

Milestone, March 2013 - 25 (M=13;F=12)

Progress: 83 (56 male, 27 female) young adults are receiving advice on their future business plans. A livelihood survey was conducted to study the situation of families in terms of their income and livelihood. From the total respondents, 49% are male and 51% are female. In the parents' occupation, 28% are involved in daily labour work, 31% in service (salary) and 24% parents have their own business or self employed. The majority of deafblind people (69%) live in a nuclear family (i.e. two adults and children). 69% deafblind persons come from urban area where basic facility like transportation and rehabilitation centres are available, while 31% are from rural areas. Further details from the survey can be found under Outcome Indicator 2 (section 0.3).

4.4 Disaggregate the number of citizens benefitting from this output; describe briefly who they were and how they were engaged.

Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Nature of engagement
56	27	0	0	83	Young adult deafblind persons above 14 years receiving vocational training	They are receiving vocational and life skill training from 8 partner organisations.

4.5	State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)					
As noted previously all RLCs and SLCs produce quarterly report based on their activities. The report has mention of children and adults under project, assessment, provision of aids and equipments, advocacy work, parents training etc. The report is main source for us to collect data. In addition, the livelihood survey has been a particularly important evidence base for this output.						
4.6	Impact weighting (%) <i>Please insert the impact weighting for this Output (from your logframe) and note any revisions since your last Annual Report. If the rating has changed, please provide an explanation.</i>					
10%						
4.7	Value of inputs for this Output <i>Please insert the estimated value of total inputs (in £s) allocated for the delivery of this Output (from your logframe) and note any revisions. If the value of inputs, or the DFID proportion of inputs has changed, please provide an explanation.</i>					
£24,020 (Year 1) - £86,538 budgeted over the 3 years. DFID proportion remains 70% of total.						

5.1	Output 5 Write in full
5. State level networks of deafblind people, their families & teachers established, representing 484,000 deafblind people in India in advocacy & policy influence.	
5.2	Output 4 score (C – A++)
A	
5.3	Write in full each output indicator, the relevant milestone, and state progress.

5.1. - No. of local, national & regional networks meetings.

Milestone March 2013 - 1 National, 2 Regional, 6 Local

Progress: 1 national, 2 regional and 8 local (state level) network meetings were organised. State network meetings were held to strengthen the local parent groups by bringing them together and empower them as a group. The states of Maharashtra, Gujarat and Andhra Pradesh already have registered parents' networks. Through state meetings network members were encouraged to self advocate and influence local authorities. Other states are in the process of formation of local networks. State meetings were held to bring members of these networks on a common platform and strengthen them as a group by providing useful information on the rights based approach to deafblind advocacy. Members were motivated to form a group and represent deafblind people of the state in advocacy and Policy influence. The state level meeting was attended by 206 family members (123 female and 83 male). Two regional meetings and the national meeting in Bhopal, Madhya Pradesh were an occasion to bring together local groups for sharing information and learning from each others experiences. For the first time, local parent group representatives independently conducted sessions and provided useful information to members who had come to national meeting for the first time. These local leaders were empowered enough to address the issues raised by participants and they actively participated in dialogue with government officials present in the meeting. The regional meeting was attended by 118 family members (70 female, 48 male) and the national meeting attended by 127 family members (76 female and 51 male).

5.2. - No. of meetings held to influence Government of India policies to incorporate deafblindness.

Milestone March 2013 - 2 Central government level and 8 state level

Progress: Akhil Paul, Director, SI (India) attended 2 meetings convened by the Central Government Ministries of Social Welfare (MSJE) and Human Resource Development (MHRD). MHRD minister convened a consultation meeting in April 2012 to discuss and decide about the "home based education" component under the Right to Education (RTE). With many activists pressurising the government to remove the option of 'home based education', Akhil made a strong representation opposing the move. There is no doubt that all children should be able to attend regular schools and all the schools should be fully equipped to educate all children but until the time there are schooling options for 'every' child, we must not take away the option of home-based education. In this regard, he submitted some strong case-studies where the home-based intervention led to schooling of deafblind children. Post meeting, home based education component has been retained in RTE for the time being.

In the state advocacy meetings held in all the eight states, project directors of education, officials of medical boards and state disability commissioners participated for sensitization and discussion with primary stakeholders. Hon. Home Minister of Kerala state, State disability Commissioners of Madhya Pradesh and Maharashtra were present in respective state meetings and post sensitisation they committed to ensure deafblind inclusion in their respective state initiatives.

Since most of these meetings were held after state network meetings, network members actively participated to share their concerns. When the group of adult deafblind network members stood up in state advocacy meeting of Madhya Pradesh and spoke on behalf of all deafblind people of the country, it had a strong impact on the state disability commissioner and SSA officials present.

Indicator 3. - % change in membership of parents, teacher and deafblind persons networks.

Milestone March 2013 - 20% increase

Progress: New members joined the national networks with membership of parents and teachers increasing by about 10% each and members of the adult deafblind network increasing by 5% (25% combined increase). The increase in membership signifies strengthening of these networks at national level and hence their enhanced capacity to advocate for deafblind rights and influence government policies. Local networks were also empowered and strengthened as local advocacy groups. Each network meeting was followed by state advocacy meetings, which ensured participation of local network members, building their capacity to influence local authorities.

5.4	Disaggregate the number of citizens benefitting from this output; describe briefly who they were and how they were engaged.
------------	--

Adult Male	Adult Female	Child Male	Child Female	Total	Brief description	Nature of engagement
83	123	0	0	206	Participants including Parents, Teachers and Adult deafblind along with para medicals and therapist	8 State Networks Meetings in West and South Region
48	70	0	0	118	Parents, teachers and Adult deafblind, with para medicals and therapist	2 regional network meetings
51	76	0	0	127	Parents, teachers and Adult deafblind, with para medicals and therapist	1 National Conclave of Networks
100	200	0	0	300	Parents, NGO representatives, state govt. officials from social welfare, education and health	2 Central and 8 State meetings to influence government policies to incorporate deafblindness
18	12	0	0	30	Increase in membership	Teachers' network meetings
26	16	0	0	41	Increase in membership	Parents' network meetings
3	1	0	0	4	Increase in membership	Adult deafblind network meetings
5.5	State the evidence base that supports the progress described: where relevant include details of the representativeness of surveys, and details of timing, place and methodology (focus groups, participatory rural appraisal etc.)					
Local network meetings are being held based on need assessment and the local networks' development agenda. Based on the concept note prepared for this, state network meetings were held. The state meeting concept note elaborates on the objectives of holding networks' and advocacy meetings. Meeting minutes/ reports have been prepared for all scheduled meetings, providing the evidence that supports the progress described.						
5.6	Impact weighting (%) <i>Please insert the impact weighting for this Output (from your logframe) and note any revisions since your last Annual Report. If the rating has changed, please provide an explanation.</i>					
20%						
5.7	Value of inputs for this Output <i>Please insert the estimated value of total inputs (in £s) allocated for the delivery of this Output (from your logframe) and note any revisions. If the value of inputs, or the DFID proportion of inputs has changed, please provide an explanation.</i>					
£22,939 (Year 1) - £82,645 budgeted over the 3 years. DFID proportion remains 70% of total.						

ANNEX B: CONSOLIDATED BENEFICIARY TABLE: (max 2 pages)

To be completed by all projects

You will need to use the figures in Annex A to arrive at a consolidated figure of total individual beneficiaries reached by the project as a whole.

If you reach the same beneficiaries in more than one output **ensure you do not double count them** when calculating the consolidated total.

		Gender and Age Disaggregation			
	OVERALL TOTAL	Adult Male (18 years +)	Adult Female (18 years +)	Child Male (under 18 years)	Child Female (under 18 years)
Consolidated total number of beneficiaries reached since project began	970 (plus 340 family member care givers)	279	432	169	90
Consolidated total number of beneficiaries reached this reporting year	970 (plus 340 family member care givers)	279	432	169	90
Provide a clear description of your beneficiaries in the box below (e.g., people living with HIV/AIDS; disabled children; soapstone workers; child labourers).					
<p>Description: DIRECT BENEFICIARIES Deafblind people - 342 (56 adult male, 27 adult female, 169 child male, 90 child female) receiving education services from partner organisations (number from SSA schools available by June 2013)</p> <p>Teachers/education professionals trained: Teachers - 224 (69 adult male, 155 adult female) SSA staff - 180 (66 adult male, 114 adult female)</p> <p>Health professionals trained (medical/para-medical) - 158 (51 adult male, 107 adult female)</p> <p>Other professionals trained (project management staff) - 66 (37 adult male, 29 adult female)</p> <p>Family member care givers (1 per family) - 342 (majority are female, exact gender disaggregation not know therefore not included in the gender disaggregation figures above)</p> <p>INDIRECT BENEFICIARIES Family members - 1,026 (342 x 3) considering 4 as an average family size, 3 other people in each family have benefited indirectly from their deafblind family members receiving services. Estimated deafblind population - 484,000 - over time, the project and particularly the awareness raising on deafblindness and influencing government policy (output 5) has the potential to positively impact the estimated population of deafblind people in India.</p> <p>The ultimate beneficiaries of the project are deafblind people. The term deafblind refers to vision</p>					

as well as hearing loss, also known as dual sensory impairment. It may seem that deafblindness refers to a total inability to see or hear but, very few children identified as deafblind are totally deaf and totally blind, although some are. Most of the children diagnosed as deafblind have some useful vision and/or hearing, which is very important to their daily functioning. As deafblindness is a combination of vision and hearing losses, there are as many possible combinations as there are individuals. For this reason, no two children with deafblindness are alike and require support tailored to their individual needs.

How many of these beneficiaries were unintended and how did they become beneficiaries?

Description:

All beneficiaries have been identified as part of our planned approach, none were unintended. However, it can be noted that Sense International was selected as one of the charities for The Guardian newspaper Christmas appeal and although not directly related to this project it would have raised awareness within the UK general public on working with deafblind people, including an article on SI in India ('Deafblind people: unheard and unseen'; December 2012).

How many of these beneficiaries received benefits that they could not have received from other (non-GPAF funded) providers e.g. state, other NGOs and private sector?

Description:

SI(I) is the only national level organisation working with deafblind and MSI children in the country. Shall we do not provide them need based support, they will not be getting any kind of support. Due to their communication problem, teachers either for deaf or blind are not able to work with them. Since government does not recognise deafblindness as a disability, there is no state support available. However, through this project, we are building capacity of government system, specially SSA, to support deafblind persons. From this project, 342 deafblind persons and their families are receiving direct benefit, which they would not have received without this project. The capacity building programmes for SSA and NGOs and professionals would not have been implemented.

Indicate or estimate the percentage or number of disabled beneficiaries reached in the box below (e.g., people living with HIV/AIDS; disable children).

Description:

This project is focused on deafblind people, reaching 342 deafblind people to date (plus additional deafblind people through SSA). 100% of the primary beneficiary group are disabled.

How has the collection of disaggregated data improved project approaches to reducing gender inequalities in participation and empowerment in decision making. Please provide an example in the box below.

Description:

The gender disaggregated data collection has helped us to understand the nature of male/female participation in the project. This provides opportunities for further research into reasons of lower participation by female beneficiaries. For example, the year 1 data show that out of the 342 deafblind people receiving services under the project, 34% are female, whereas 66% are male deafblind beneficiaries.

If the project is unable to specify who all beneficiaries are please explain.	Data relating to deafblind children at Government schools (SSA programme) with teachers trained in the project are expected to be available by June 2013.
If the project faces challenges in providing exact beneficiary numbers, please explain.	
If the project is unable to <i>disaggregate beneficiaries</i> by gender or age, please explain.	

ANNEX C: PORTFOLIO ANALYSIS (maximum of 3 pages)

To be completed for all projects

DFID aims to capture and compare performance and results across the whole GPAF portfolio based on the information provided in the Annual Reports.

Please Answer each of the following questions.

1. Which of the Millenium Development Goals (MDGs) is your project contributing to directly? <i>You may choose up to 3.</i>	<i>Please indicate: 1 = Primary MDG 2 = Secondary MDG 3 = Tertiary MDG</i>	<i>Please indicate the relative level of contribution to the selected MDGs as a percentage</i>
MDG 1: Eradicate Extreme Hunger and Poverty	1	40%
MDG 2: Achieve Universal Primary Education	2	30%
MDG 3: Promote Gender Equality and Empower Women		%
MDG 4: Reduce Child Mortality	3	30%
MDG 5: Improve Maternal Health		%
MDG 6: Combat HIV/AIDS, malaria and other diseases		%
MDG 7: Ensure Environmental Sustainability		%
MDG 8: Develop a Global Partnership for Development		%

2. What is the main methodological approach being used by the project to bring about the changes envisaged? Please select up to three factors and prioritise them as 1, 2 and 3 (with 1 being of highest significance).	
(a) Rights awareness e.g. making 'rights holders' more aware of their rights so that they can claim rights from 'duty bearers'	2
(b) Advocacy e.g. advocating publicly for changes in policy and/or practice on specific targeted issues	3
(c) Modelling e.g. demonstrating best practice / approaches / behaviours which can be adopted or relicated by others to bring wider improvements in policy or practice	
(d) Policy engagement e.g. building relationships with decision-makers behind the scenes, pragmatic collaboration on policy development to achieve incremental improvements	
(e) Service provision in collaboration with government e.g. working with government to enhance the services already provided	1
(f) Service provision in parallel to government e.g. providing an alternative service	
(g) Monitoring of government policy e.g. monitoring budget-making or enforcement of rights	
If you are using other methodological approaches please note in the box below.	
Direct service delivery through partner organisations	

3. Whose **capacity** (in the main) is being built through the project? Select a maximum of 3.

(a) End-beneficiaries (poor and vulnerable groups)	<input checked="" type="checkbox"/>
(b) Local leaders / change agents	<input type="checkbox"/>
(c) Local Community-Based Organisations	<input type="checkbox"/>
(d) Civil Society Organisations / Networks	<input checked="" type="checkbox"/>
(e) Local government	<input type="checkbox"/>
(f) National government	<input type="checkbox"/>
(g) Local implementing partner(s)	<input checked="" type="checkbox"/>
(h) Trade unions	<input type="checkbox"/>
(i) Private sector organisations	<input type="checkbox"/>
(j) Other (Please name below)	<input type="checkbox"/>

4. Environmental Impact and Climate Change Mitigation	
7.1 How would you describe the project's environmental impact? 1. Positive, 2. Neutral, 3. Insignificant	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>
Provide a brief justification for choice of ranking	
This project primarily involves rehabilitation of deafblind people and does not involve activities negatively impacting the environment.	
7.2 Describe actions the project took to reduce negative environmental impact (use bullet points)	
<ul style="list-style-type: none"> • N/A • 	
7.3 Describe any activities taken by the project to build climate change resilience (use bullet points)	
<ul style="list-style-type: none"> • N/A • 	