

Country Name	Reinforcement of the Integral System of Rehabilitation with Community Participation in Brunca Region of Republic of Costa Rica, with focus on Human Security Project
Republic of Costa Rica	

I. Project Outline

Background	In Costa Rica, 5.4% of the national population had some disability according to the census in 1998. Having high rates of life expectancy, it was expected that the aged population who needed rehabilitation would increase. Since the establishment of National Council of Rehabilitation and Special Education (CNREE), various efforts were made by CNREE. However, there was still a huge gap between policies and actual practice in the country, and there were various barriers such as physical access, lack of social and medical services, and peoples’ negative attitude particularly. Especially, the situations at the community level were serious. As the absolute number of rehabilitation personnel was insufficient compared to the cities, appropriate and timely rehabilitation services could not be provided to those who needed it. Also, efforts for expanding job opportunities based on the disability level were limited, and it was pointed out that the services at the regional level were weak.																
Objectives of the Project	<p>This project aimed at strengthening of the integrated rehabilitation mechanism to support social participation of the persons with Disabilities (PWD), by strengthening the information sharing among the rehabilitation-related organizations, strengthening medical rehabilitation, increasing job options for PWDs, strengthening the strategies for the community-based rehabilitation (CBR) and promoting the system for the support system for PWD’s social participation, in order to contribute to improve the functioning of PWDs in Brunca Region and diffuse the project outputs to other regions in Costa Rica. These objectives were set forth in November 2009.</p> <ol style="list-style-type: none">1. Super Goal: Improvement of functioning, disability and health of PWDs (ICF as criteria) in the Region of Central America and Dominican Republic.2. Overall Goal: 1) Improvement of functioning, disability and health of PWDs (ICF as criteria) in Brunca Region, 2) Diffusion of the project outputs to other regions in Costa Rica3. Project Purpose: Integrated rehabilitation mechanism to support social participation of PWD is strengthened. <p>Note: ICF (International Classification of Functioning, Disability and Health was adopted at WHO) adopted by the World Health Assembly in 2001 is a classification of health and health-related domains. Functions are defined by the three elements: Body functions/body structure, Activities and participation.</p>																
Contents of implementation	<ol style="list-style-type: none">1. Project site: Brunca region2. Main activities: Training for the members of the Central Committee and Regional Committee on the committee’s functions, Development of the tools for information collection and sharing for the improvement of the referral, Training for the rehabilitation and medical personnel on the improvement of the vital function for PWDs, Training for NGOs and PWDs on employment, Training for the labour-related organizations on the employment of PWD, Development of the network among the groups and NGOs for supporting PWDs, Training/seminars for PWDs for their empowerment, etc.3. Inputs (to carry out above activities)<table><tr><td>Japanese Side</td><td>Costa Rican Side</td></tr><tr><td>(1) Experts: 26 persons</td><td>(1) Staff allocated: 10</td></tr><tr><td>(2) Training in Japan: 22 persons</td><td>(2) Land and facilities: Office, training facility, etc.</td></tr><tr><td>(3) Training in the third country: 30 persons</td><td>(3) Expenses: 417,395 US\$</td></tr><tr><td>(4) Equipment: Office equipment (PC, etc.), rehabilitation equipment, etc.</td><td></td></tr><tr><td>(5) Local operation cost: 643,617US\$</td><td></td></tr></table>					Japanese Side	Costa Rican Side	(1) Experts: 26 persons	(1) Staff allocated: 10	(2) Training in Japan: 22 persons	(2) Land and facilities: Office, training facility, etc.	(3) Training in the third country: 30 persons	(3) Expenses: 417,395 US\$	(4) Equipment: Office equipment (PC, etc.), rehabilitation equipment, etc.		(5) Local operation cost: 643,617US\$	
Japanese Side	Costa Rican Side																
(1) Experts: 26 persons	(1) Staff allocated: 10																
(2) Training in Japan: 22 persons	(2) Land and facilities: Office, training facility, etc.																
(3) Training in the third country: 30 persons	(3) Expenses: 417,395 US\$																
(4) Equipment: Office equipment (PC, etc.), rehabilitation equipment, etc.																	
(5) Local operation cost: 643,617US\$																	
Evaluation Year	2006	Project Period	March 2007 to March 2012	Project Cost	(Plan) 350 million yen (Actual) 316 million yen												
Implementing Agency	National Council of Rehabilitation and Special Education (CNREE) (National Council of the Persons with Disabilities (CONAPDIS) since May 2015)																
Cooperation Agency in Japan	Ministry of Health, Labour and Welfare, Japanese Society for Rehabilitation of Persons with Disabilities, Kyosaren, Yokohama Rehabilitation Center																

[Special perspectives considered at the ex-post evaluation]

- The Super Goal was set forth in PDM, but the indicators were not prepared until the project completion. In neither the mid-term review nor terminal evaluation, its expected achievement was verified. At the ex-post evaluation, it was confirmed as other impact than the Overall Goal.
- For the indicator 1 of the Overall Goal "improvement of functioning," items which were considered easy to ask and answer were selected from the checklist of ICF's activities and participation. If the improvement was observed in the self-care, community life, communication and mobility in the daily life, it was to be judged that the functioning was improved.

II. Result of the Evaluation

1 Relevance
<Consistency with the Development Policy of Costa Rica at the time of ex-ante evaluation and project completion> Efforts for poverty reduction of PWDs through the creation of the job opportunities and support of PWDs in all the development sectors

have been relevant with the Costa Rican development policies such as the National Development Plans (2007-2010, 2011-2014) and National Disability Policies (2001-2010, 2011-2021).

<Consistency with the Development Needs of Costa Rica at the time of ex-ante evaluation and project completion >

There were various barriers such as lack of social and medical services, lack of the information, peoples' negative attitude and limited job opportunities. These were prominent at the regional levels including Brunca. The project responded to the development needs for improving the functions of PWDs by breaking down these barriers.

<Consistency with Japan's ODA Policy at the time of ex-ante evaluation>

According to ODA Databook (2006), one of the assistance priorities for Costa Rica was "improvement of the quality of the people's livelihood," related to which the support for PWDs was to be considered. The project objectives were in line with this point.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The Project Purpose was mostly achieved. The model of inclusive development model¹ of the project including the improved rehabilitation services² and promoted CBR (community-based rehabilitation) strategies³ were highly appreciated by the Costa Rican government. And, CNREE worked on the government, which led to the National Development Plan (2011-2014) which clearly included the concept of inclusive development. Besides, CNREE developed the National Disability Policy (2011-2021) reflecting the project outputs. However, the budget was not assured for practicing the inclusive development model. This was because it was considered to count on other program budget and existing resources than CNREE budget.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

Also in the National Development Plan (2015-2018) presented after the project completion, the concept of inclusive development is described. Responding to this plan, the Institute for Rural Development (INDER) has conducted support for PWDs for promoting inclusive development based on the territorial approach⁴. The format for sharing the conditions of PWD among the related organization (Cooperative Tool) has not been used, because the Costa Rican Board of Social Security (CCSS), which oversees provision of medical services, has not implemented care for PWDs based on ICF. The Cooperative Tool is not used at the field level such as hospitals unless the instruction is given by the National Disability Council (CONADIS).

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

It is judged that the Overall Goal was partially achieved. First, among the project beneficiaries, all of the six interviewed PWDs answered that there was improvement in most of the items of the functioning (the self-care, domestic life, interpersonal interactions and relationships, education and employment, community life, communication and mobility in the daily life)⁵. The improvement was mainly due to the employment of the helpers, and other promoting factors include the increase of the public bus with a ramp and barrier-free public facilities. Also, the following factors have contributed: PWDs have actively put out the information to the civil society, government institutions and the congress for promoting their independent living, and the information sharing and networking among PWDs have been strengthened. These factors have been backed up by the inter-organizational and sectoral cooperation and PWD's empowerment strengthened by the project.

Secondly, the inclusive development model (community-based and inter-organizational network for job supporting) developed by the project has been applied in the community of the Chiripo (indigenous group) and other municipalities. CNREE has disseminated the project experience in inclusive community development strategies with financial support of Spain, and the employment of PWDs has been promoted in both the public and private sectors in the country (not only Brunca region). These have promoted the dissemination of the project experience. Besides, the project encouraged the people in Brunca region to participate in JICA region-focused training on the independent living of PWDs held in Japan and involved them in the project activities after the training, which resulted in the formulation of the Project for Promoting Independent Living in Costa Rica (JICA Partnership Program) (2012-2017).

<Other Impacts at the time of Ex-post Evaluation>

After the project completion, the third country training was conducted by CNREE (2012-2014) with participation of disability-related organizations and NGOs related to the community development of 13 countries, and the principles of strategies for the community-based inclusive development were shared within the region. According to the training implementation report, In Panama, one of the participating countries, the strategies on the community-based inclusive development were practiced for the purpose of promoting social participation of PWDs. No negative impacts on the natural and social environment have been produced by the project. No unexpected impacts, both positive and negative, have not been observed, either.

<Evaluation Result>

The inclusive development model including the elements such as collaboration among the related organization by sharing the information of PWDs, increased job opportunities, promotion of job opportunities of PWDs, and empowerment of PWDs was developed by the project. This concept has been described in the national development policies. However, the budget for implementing the model has not been secured. The functioning of PWDs in Brunca region has been seemingly improved, but the information sources were as limited as

¹ The inclusive development model of the project is defined as an integrated development approach which includes cooperation among the related organizations (disability information sharing and referral based on the Cooperative Tool), job supporting, community involvement, PWDs' active participation (networking, training implementation, etc.), etc.

² During the project period, Japan Overseas Cooperation Volunteers were sent to train rehabilitation-related personnel: Physical therapists (PT) for Escalante Pradilla Hospital in Perez Zeledon, occupational therapist (OT) for the school for children with disabilities in Perez Zeledon and speech therapist for the Costa Rican Board of Social Security (CCSS) in San Vito (southern part of Brunca).

³ As JCPP (Japan Chile Partnership Program), a technical corporation project was implemented by the National Center for Rehabilitation (CENARE) of Costa Rica and the National Institute of Rehabilitation Pedro Aguirre Cerda in Chile, and through this project the partnership between CENARE and Brunca Region was strengthened. Also, a physician of CCSS in San Vito participated in the training program conducted in Chile, and after the training she exercised leadership in the project activities.

⁴ The territorial approach is an approach which aims at the transparent and efficient regional socio-economic development, involving various stakeholders including community people, as well as government organizations.

⁵ The six interviewed PWDs are members of Project for Promoting Independent Living in Costa Rica (JICA Partnership Program).

a few interviewed PWDs. The project outputs have been disseminated to other regions. Therefore, effectiveness/impact of the project is fair.

Achievement of the Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose) Integrated rehabilitation mechanism to support social participation of PWD is strengthened.	3. CBR strategies are included in the National Policy and CNREE make the budget plan and elaborate an action plan with CBR strategies.	(Project completion) <u>Mostly achieved</u> . <ul style="list-style-type: none"> The concept of inclusive development was clearly described in the National Development Plan (2011-2014). It was decided that inclusive development would be continued as part of the national policy in CNREE Action Plan (2011-2014), but the budget for practicing its model was not requested. (Ex-post evaluation) <u>Mostly continued</u> . <ul style="list-style-type: none"> The concept of inclusive development is described in the National Development Plan (2015-2018). Detailed information on the budget of CONAPDIS was not available.
(Overall Goal) 1.Improvement of functioning, disability and health of PWDs (ICF as criteria) in Brunca Region	1. The number of PWD who improved activities and participation based on ICF is increased three years after the project completion.	(Ex-post evaluation) <u>Partially Achieved</u> . <ul style="list-style-type: none"> All of the six interviewed PWD answered that there was improvement in most of the items regarding the activities and participation.
2. Diffusion of the project outputs to other regions in Costa Rica	2. Other regions than Brunca have results from the activities established by the project three years after the project completion.	(Ex-post evaluation) <u>Achieved</u> . <ul style="list-style-type: none"> The model of inclusive development has been applied in other regions than Brunca.

Source: Terminal Evaluation Report, JICA internal documents, questionnaires survey with CNREE and the National university.

Note: There were five indicators for the Project Purpose in PDM ver.3. The indicators 1 and 2 were about activity implementation and indicators 4 and 5 were about conditions necessary for the sustainability. Therefore, only the indicator 3 was used at the ex-post evaluation (same as the terminal evaluation).

3 Efficiency

Both the project cost and period were within the plan (Ratio against the plan: 90% and 100%, respectively). Therefore, efficiency of the project is high.

4 Sustainability

<Policy Aspect>

The concept of inclusive development is clearly mentioned in the national development plan (2015-2018), and it is supposed that the National Council of Persons with Disabilities (CONAPDIS, restructured from CNREE) will promote the inclusive development as part of the national policy. The inclusive development model developed by the project has not changed, except the non-use of the Cooperative Tool, and it is expected the model will be promoted continuously.

<Institutional Aspect>

CNREE was restructured in May 2015 as CONAPDIS. 40% of the board members are representatives from the disability-related organizations, and other new members are from the Ministry of Public Works and Transport and Ministry of Science and Technology. Thus, the institutional aspect has been strengthened for promotion of social participation of PWDs. CONAPDIS has 121 personnel (89 at the headquarters and 32 at regional branches). While the number of the headquarters' staff is sufficient for their activities, Brunca region office has three staff, which is not sufficient to cover various activities (coordination with the related organizations, training and information provision to PWDs and related organizations, etc.) in the large area. The number of the personnel is not sufficient, either, at both Escalante Pradilla Hospital and Tomas Casas Hospital which provide medical rehabilitation in Brunca region, and there are patients who wait for the care and those who cannot be treated by the hospitals⁶. The committees organized by the project (government and NGO committee in the disability sector and CBR regional committee) have been monthly conducted for information sharing. The Cooperative Tool has not been used, but necessary information is shared between the hospitals and National Center for Rehabilitation (CENARE) for referral and between the hospitals and Ministry of Education for proving inclusive education.

<Technical Aspect>

At the hospital level, the personnel engaged in rehabilitation (physicians, physical therapist, etc.) and other personnel (administration and clerical staff) have certain knowledge on the inclusive development model. On the other hand, the medical model of disability⁷ is still dominant for the high functionaries at CCSS, which has hindered promotion of CBR. Most of the rehabilitation personnel trained by the project remain working, and for those newly hired after the project completion, training on the inclusive development model is given by CENARE, CONAPDIS, or PWD facilitators. Training is given to PWDs and NGOs, too. Among 26 PWD facilitators trained by the project, six have actively conducted their activities, which is sufficient for the training in Brunca region. Besides the regular training organized by CONAPDIS, the disability equality training is conducted with initiatives of PWDs. Some of the training manuals elaborated by the project are frequently utilized by CONAPDIS and PWDs. The information about the training in other regions than Brunca was not available, except the shortage of PWD facilitators due to the budget constraints.

Table 1. CNREE/CONAPDIS budget (million Colon)

	2006	2012	2013	2014	2015
Budget	2,115	12,203	10,435	11,673	8,578
Expenditure	n.a.	7,614	7,699	7,247	n.a.

(Source) CONAPDIS Accounting Report.

⁶ One physician and two PTs are assigned at both Escalante Pradilla Hospital and Tomas Casas Hospital, but no OT or ST. Tomas Casas Hospital has a plan for extending its function, and if the plan is implemented, assignation of OT and ST is expected.

⁷ The medical model of disability focused on the physical and mental condition and considers the disability as disadvantages of the individuals. On the other hand, the social model of disability pays attention to social issues which hinder the social participation of PWDs. The project was designed and implemented based on the idea of the social model of disability.

<Financial Aspect>

The budget of CNREE increased much compared to that before the project, but the execution ratios were as low as 60%. After it was restructured to CONAPDIS in 2015, the budget has decreased (Table 1). The financial information for dissemination of the project experience to other areas than Brunca region was not available. On the other hand, the budget allocated to Brunca region office for 2015 is 501 million Colon, which increased much from 307 million in 2012. Its training budget is not sufficient, but the training has been actually conducted in collaboration with other organizations, as mentioned above. The office has also received financial support from Spain for disseminating the project experience.

<Evaluation Result>

Some problems have been observed in terms of the institutional and financial aspects of the implementing agency. Therefore, sustainability of the project is fair.

5 Summary of the Evaluation

By the project completion, the inclusive development model including the elements such as collaboration among the related organization by sharing the information of PWDs, promotion of job opportunities of PWDs and empowerment of PWDs was developed, and this concept has been highly appreciated by the government and described in the national development policies. However, the Cooperative Tool, one of the model elements, has not been used for sharing the information among the related organizations. The functioning of PWDs in Brunca region has been improved and the project outputs have been disseminated to other regions, but it has been still limited due to the personnel and financial constraints. Regarding the sustainability, the shortage of the rehabilitation personnel is an issue, too. Little financial information was available from CONAPDIS, but the training has been conducted in collaboration with other organizations.

In light of the above, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

<Recommendations for CONAPDIS>

1. It is recommended to strengthen the personnel at the branch office. In Brunca region, it is recommended to assign necessary personnel and execute budget to implement activities (coordination with other related organizations, training and information provision for PWDs and related organizations. For other regions than Brunca, it is desirable to train PWD facilitators and assign necessary personnel to conduct training activities.
2. It is recommended to request Escalante Pradilla Hospital and Tomas Casas Hospital to assign necessary rehabilitation personnel so that appropriate service can be provided at the regional hospital level.

<Lessons Learned for JICA>

1. The project developed a community-based inclusive development model. The project engaged the implementing organization (government organization) to promote the community-level actors' participation, and encouraged PWDs and other related personnel at the community level to participate in other region-focused and third-country training programs, which lead to their further understanding towards the inclusive development, thereby empowerment and social participation of PWDs. Then, this resulted in planning and implementation of the JICA Partnership Program in which the community-level actors take initiatives. This has contributed to the sustainability of this project's effects. Thus, it is effective to utilize other cooperation schemes during the project period to strategically enforce the sustainability.
2. The project tried to adapt ICF which is an international standard for sharing information of PWDs. However, the use of its format has not been continued since the responsible institution has not adopted it. When introducing any new format to the target country, it is required for JICA and the implementing agency to carefully examine not only its effectiveness but also acceptability to the country at the formulation phase.



(Training of the helpers by PWD facilitators at Perez Zeledon in July 2015)



(National level meeting of PWDs at San Jose in February 2014)