

CBR NEWS

*The international newsletter on
community-based rehabilitation and the concerns of disabled people*

no. 29 September–December 1998



Improving our CBR:

Understanding evaluation

Different evaluation methods

Why monitoring is a vital tool

Successful SWOT

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WORLDWIDE

Aiming high

Evaluation is about seeing if we are meeting our aims. How do we first decide our aims? Are they as good as they can be? These questions make us think again about the meaning of community-based rehabilitation (CBR).

CBR is a strategy within community development that enables disabled people to gain a better quality of life by increasing their rights and opportunities, within the home and the wider social setting. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.

The four main components of good CBR practice are:

- social integration of disabled people, including a share in responsibilities and decision-making
- involvement of local leaders in good development initiatives that help poor and vulnerable people
- simplified technology, using local resources, materials and skills
- appropriate and accessible services, including respectful attention by well-trained staff and volunteers and well-designed buildings.

CBR is about twenty years old and is operating in more and more countries. It is now being reviewed worldwide. Unfortunately, CBR is seen by some people as limited to making crutches and callipers for poor, passive and uneducated disabled people. A full, well-rounded CBR programme can be so much more.

CBR has been successful in reaching some of the poorest disabled people, making daily life better with valuable, practical skills and equipment, creating leadership opportunities and lessening discrimination. Good monitoring and evaluation can support us to achieve these aims and improve our CBR practice.

Heather Payne, Disability Programme Coordinator, Healthlink Worldwide.

Cover picture

Learning to say 'hello' with hands. Padam Gautam, a fieldworker with Community Based Rehabilitation Services in Nepal, encourages ten-year-old Aisha Gurung as her grandmother looks on (see page 8).

Photo: Heather Payne, Healthlink Worldwide.

What's in a name?

In 1998 AHRTAG changed its name to Healthlink Worldwide, for greater impact and to better reflect the work we do. In 1999 we will be reviewing the design of our four newsletters, to make them easier to use and more consistent with each other.

We are asking readers to contribute to this process by letting us know what changes you would like to see in the design of *CBR News*:

- Do you want more text (writing) and fewer illustrations, or less text and more illustrations, or are you happy with the present balance of text and illustrations?
- Should the type size be larger?
- Do you have any suggestions about the way items and articles are presented within the newsletter (for example, would you prefer to see Letters at the beginning or the end of the issue)?
- Do you have ideas on how readers can

become more involved, sharing knowledge and experiences?

- Is the quality good enough to photocopy? Do you have any suggestions on how to improve the quality?

Above all, we would like to have your views on whether the newsletter should stay as *CBR News* or whether it should have a new name. There are arguments on both sides and we hope you will consider them carefully. On the one hand, *CBR News* has been in existence for almost 10 years and has established a solid reputation under that name. On the other hand, a new name could more accurately reflect the contents, and have greater impact in spreading awareness of disability, thus bringing us new readers.

Let us know what you think. If you are in favour of a name change, give us your suggestions for an alternative name. We will publish the most interesting views in a future issue.

Centre of excellence

Are you looking for further information on CBR? The Centre for International Child Health (CICH) is part of the Institute of Child Health based at University College in London. Healthlink Worldwide's Disability Programme has collaborated with CICH for many years.

CICH has an excellent resource centre, open to the public free of charge. It provides access to multimedia materials relating to the field of disability and CBR.

CICH also produces leaflets including *Disability Publication Update*, *What is CBR?* and *Key Texts relating to CBR*.

What is CBR? contains articles by David Werner, Joseph Kisanji, Mike Miles and Einar Helander, presenting different views and aspects of CBR, and could be a useful training resource. A revised leaflet is being prepared; comments are invited from *CBR News* readers.

For copies of leaflets contact: Anna Mitman, CICH, Institute of Child Health, 30 Guilford Street, London WC1N 1EH, UK.

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E-mail: a.mitman@ich.ucl.ac.uk

Website: <http://cich.ich.ucl.ac.uk>

CICH supervises a master's degree in Community Disability Studies. It has recently introduced part-time modular diploma/masters programmes where students may study one or more modules

each year to collect credits towards a degree over a five-year period. For further information contact Chris Mason.

E-mail: c.mason@ich.ucl.ac.uk

Working with partners, CICH also supports the development of postgraduate diploma courses in Community-based Rehabilitation in Uganda and India.

Contact: **Uganda National Institute for Special Education (UNISE)**, PO Box 6478, Kampala, Uganda.

Fax: +256 041 222961

E-mail: UNISE@ugandaswift.com

CBR Personnel Training Programme, Seva-in-Action, 36, S T Bed Layout 1st Main, 4th Block, Koramangala, Bangalore, 560 034, Karnataka, India. Fax: +91 80 5520347

Next issues

Our next issue will be on *Active Ageing*. It will consider some of the links between ageing and disability and how CBR workers can contribute to supporting older people to be healthy and active. Later in 1999 we will be tackling the themes of disabled people's organisations and CBR and conflict. We welcome readers' ideas and experiences on any of these topics.

Access to wheelchairs, the theme of issue 28, brings us many letters.

Wheelchairs for women

When wheelchairs are in short supply, they tend to go to boys and men. Girls and women miss out. Of the 50,000 women in Kenya who need wheelchairs, only about 5,000 women have access to them. Even so, most chairs are heavy and hard to move. Few chairs are designed to meet the needs of women at home or work – sweeping, building fires, cooking, picking up children. Women need wheelchairs closer to the ground, which are strong, light and easy to move in confined spaces.

Now women are taking steps to ensure that any woman in Kenya who needs a wheelchair can get one and that it will be appropriate to where and how she lives. Wheelchair users and builders Penniah Mutinda, Jane Kihungi, Florence Migowe and Paul Otando (the only man in the group) have started the Handicap Mobility Appliances Centre in Nairobi.

At the wheelchair workshop, a woman can help to make her own wheelchair. Her chair will not only be sturdy and suitable for her needs but will be easy to maintain and repair. It is also likely to include some special design ideas, such as a shelf between the seat and footrest on which she can carry her child or shopping. The chairs are also lighter and narrower than the usual designs so that they are easier to get onto buses and trains.

Knowing how to make and mend their own wheelchairs is also giving the women extra confidence and making them realise how capable they are. They aim to encourage other women to become mobile, mix with the rest of society, contribute to their families and communities, and fight for other rights.

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Heather Payne/Healthlink Worldwide

Wheelchairs should be designed to meet the needs of the women who use them.

Walking or wheelchairs?

Wheelchairs are not always the solution for mobility. The experiences of our Tanzanian friend, Edwin Kalukwella, challenges this assumption. When Edwin was young he longed to walk but could not because polio had affected both legs. He devised a method of walking which he still uses. He tucks his shoulders under his knees and supports all of his weight and walks on his hands. He wears flip-flops on his hands.

When he visited London for training he was given a wheelchair to deal with the wet and dirty winter streets. At the workshop he often got out of the wheelchair. When he visited us in the countryside he walked with enthusiasm across the fields. One day we visited an exhibition. The building was wheelchair accessible but some of the stalls were in a sunken area reached by steps. Edwin decided to leave the wheelchair and walk. One person reacted strongly: 'This is terrible; why didn't the organisers provide a ramp?' This was not how Edwin felt; he was happy to walk and found it far more convenient than the wheelchair.

Jean Westmacott, People Potential, Plum Cottage, Hattingley Road, Medstead, Alton, Hampshire GU34 5NQ, UK. Tel/fax: +44 01420 563741

Words from the eighth floor

I am a 28-year-old man living in Kazakstan, in the former Soviet Union. Ten years ago I had an accident which left me severely disabled. I cannot move and spend most of my days sitting in an armchair, looking from the window of my eighth-floor flat. It is several years since I last went outside. Although I have never committed a crime, I feel like a prisoner.

In Kazakstan, there is almost no opportunity for me to work or to study. Without money, I cannot receive good medical services and I cannot find a suitable rehabilitation programme. I receive a small pension but it barely covers my needs.

Nevertheless, I try not to lose heart. I have become a volunteer of the Foundation Help Yourself Yourself. The foundation is an international organisation with independent branches in Russia, Kazakstan, Ukraine, Moldova and other former Soviet republics. In Kazakstan we are registered as a public organisation with an office in East Kazakstan. We distribute books and the Foundation newsletter and collect information to help people with different disabilities. Currently we are involved in supporting about 150 people to get and use wheelchairs.

Even though we are grateful to obtain wheelchairs, I also know from my own

experience that a wheelchair in itself can be a big problem for a disabled person. For example, I still have to find a wheelchair that is right for my needs, together with devices that can help people with severe disabilities like myself. Most of all, I am interested in information about disabled people's rights, to combat discrimination, and on raising awareness about disability in my country.

Valery Lotin, 32 Pogranichnaya St, Apt 27, 490035 Semipalatinsk, Republic of Kazakstan.

Write a letter and win a resource book

All letters published in *CBR News* will win a Healthlink Worldwide manual. Choose between:

- *How to Make Simple Disability Aids*
- *Personal Transport for Disabled People*
- *We Can Play and Move*

When you write, tell us which book you would like.

Improving our CBR

Evaluation is a tool for planning and improving our work.

Every month Florentino, a CBR coordinator, makes supervisory visits to volunteer CBR workers. At the end of the day he notes what he has heard or seen.

One day he realised that nearly every volunteer seemed to have problems dealing with government officials. Many volunteers were reluctant to meet with officials; some said that they were not educated enough or felt shy or frightened. What could be done to support them? Florentino began to plan a workshop about negotiation and advocacy to give volunteers the skills and confidence they needed.

Although he may not have realised it, Florentino was making an informal assessment of the programme and using the results to plan and strengthen it. Evaluation is not just something to be done at the end of a programme, or when the funding is finished. Evaluation includes the monitoring and assessment that takes place throughout the programme.

There is a direct link between evaluation and planning. If you do not have a clear idea of what the situation is before you start your work and what you want to achieve through your activities, then you will not know if, or when, you have been successful.

Monitoring and evaluation are done to see how a programme is progressing. Plans for monitoring and evaluation are worked out during the planning stage, before programmes are implemented. **Monitoring**, a type of self-assessment, takes place during normal programme activities. **Evaluation** is a separate activity. **Mid-term evaluation** takes place part-way through a programme. **Comprehensive evaluation** is a special type of evaluation that includes a large-scale review of a programme, often after several years of work.

Benefits of evaluation

Evaluation can bring many benefits:

Finding out whether the programme is effective

One of the most common questions asked in evaluation is: Is the programme making a difference in the lives of disabled people? To answer this big question we need to answer many smaller questions. These might include:

- Do people with disabilities and their families feel we have assisted them and, if so, how?
- How many people have been assisted? How many miss out? Why?
- Do more people with disabilities take part in community life? How?
- Could we use our staff, volunteers and funds more effectively?
- Have we raised awareness or changed attitudes about disability in the wider community? How?

Deciding how to improve programmes

One of the best ways to improve a programme is to review it – to consider how and why you do things in a certain way and what impact your programme is making on the people involved (especially the programme beneficiaries – the people you are trying to help). Even small, informal reviews can help to identify weaknesses and lead to improvements, for example, questions and discussions in staff meetings.

Securing programme funding

Evaluation plays an important role in securing programme funding. Donors are reluctant to fund a programme which does not have clear objectives or plans for evaluation. Many donors now insist that any funding proposal must include plans for monitoring programme activities and a comprehensive evaluation after the end of the programme to assess the long-term impact (see page 5).

Increasing knowledge about CBR

Evaluation reports reveal how programmes work, and show which activities work best with which types of people. They show how ideas and activities can be transferred from one community to another or help to change government policies.

Evaluation is especially important in CBR because many programmes are new and there is much debate about ways to put ideas into practice. Sharing the results of evaluation is important. Writing an evaluation report helps to clarify the information learned, both for those involved in the programme and for training others.

Barriers to evaluation

Many people find the idea of evaluation difficult when they:

- are very busy with daily work routines
- think they lack the skills needed
- feel their jobs are threatened
- fear that the outcomes will be negative and funding will be withdrawn.

Some people will not want to take part in an evaluation. Evaluators should think about how an evaluation is likely to affect different people. By listening to people's fears and answering their questions, evaluators may be able to help people see evaluation in a more positive light. Evaluation is often a source of encouragement, especially when the programme's achievements can be clearly seen.

Adapted from: 'Guidelines for conducting monitoring and self-assessment of community based rehabilitation programmes: using evaluation information to improve programmes', World Health Organization/International Disability Consortium, Geneva, 1996. (See page 12 for further details.)



Just as a white stick can be a tool for guiding a blind person, so evaluation can be a tool for guiding CBR programmes.

TERMS OFTEN USED IN EVALUATION

Baseline information Facts and figures about the situation before an activity or programme starts

Data Facts collected for a specific purpose

Diaries Daily records of events, thoughts etc

Focus group discussions Discussions with a small, representative group guided by an experienced person

Group discussions Problem-solving discussions of case studies or events

Indicators Measurable 'markers' of progress

Intervention The introduction of an activity or programme designed to bring about change

Interviews Direct questioning, usually spoken, with individuals or groups; interviews can be structured (follow a set pattern) or unstructured (free-ranging conversation)

Key informant A person with extra information or special knowledge

Monitoring Continuous information collection and record-keeping to assess how well a programme or activity is working

Objective evaluation Using standard tools and methods

Observation Carefully watching and noting down what people do or say

Participatory evaluation Involving local people and staff in monitoring and evaluating their own programmes

Qualitative Descriptive information about ideas, beliefs and behaviour

Quantitative Information based on numbers or statistics

Questionnaires Written question sheets used to gather information from selected people

Sample Selected smaller group to represent a larger group; samples can be selected randomly (by chance) or systematically (in a planned way)

Survey Systematic collection of information from many people

Terms of reference (TOR) Document outlining principles and processes for an evaluation or other assignment including the reason for the evaluation, its purpose, scope, tasks of the evaluation team and particular subjects to be addressed

Variable Variations between groups or situations

VIEWPOINT



Source: Steps to making sex safer/
Healthink Worldwide

Tuija Halmari outlines what donors look for in an evaluation.

The Finnish Disabled People's International Development Association, known as FIDIDA, is an association formed by Finnish disabled people's organisations. FIDIDA participates in development cooperation by funding projects in Zambia, Mozambique, Cambodia and Nicaragua.

All programmes supported by FIDIDA must be seen to benefit disabled people and disabled people must actively participate in the programme. Project partners, who are chosen on their ability to benefit and involve disabled people, are responsible for programme management.

Like many international non-governmental organisations in northern Europe, FIDIDA gets much of its funding from the national government through the Development Aid Ministry. This influences our role as a donor, because the projects must fulfil Finnish government criteria, guidelines and reporting systems. The government also places time limits on project funding (usually 3-5 years) and projects must be monitored and evaluated.

Donors such as FIDIDA want to evaluate the projects they are funding to:

- know if their funds are used in an appropriate way
- decide whether funding should be continued and, if so, for how long.

Sometimes project partners fear evaluation. One even said that the word evaluation sounded too close to execution. However, if the programme is operating well, there is no reason to be afraid. Partners should see a good evaluation as a tool that allows them to highlight areas of success and areas needing special attention, and to develop the future direction of the programme.

As a donor, FIDIDA asks the following questions:

- Are the partners (local people, staff, volunteers) committed to the project?
- Do the partners have the ability to cooperate with others (authorities and NGOs)?
- Is it realistic to expect financial support from local sources – and to what extent?
- How appropriate and sustainable is the programme financing?
- How long do partners expect financial support from FIDIDA?

An evaluation is a forum in which people involved in the programme can discuss their work. People often feel more open when talking to an outsider than to a manager or authority figure. By asking the right questions, listening sympathetically and carefully recording the answers, an evaluator can appreciate different views – which might not be expressed in other circumstances.

A problem is that evaluation processes are often far too short and therefore do not provide a full picture. There are also problems when an outside evaluator does not understand the social and cultural background of the programme, has ready-made ideas and answers, and recommends solutions which are not relevant.

It should always be remembered that evaluation is a tool. It should feed the discussion between all groups who participate in the programme. Ultimately, it is the participants who must decide which recommendations should be accepted. The results should be reflected in the next action plan!

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Participatory or objective?

Dr Alaa Sebeh outlines the value of different evaluation approaches and methods.

Many people find ideas about evaluation confusing and are unsure of what methods will give them the best results. Unfortunately, there are few resources that compare different ways of carrying out evaluations, or that offer practical suggestions for people without experience of evaluation.

One of the biggest debates is whether evaluations should use objective or participatory methods. An objective evaluation is carried out by an evaluator from outside the programme. A participatory approach involves staff, volunteers, parents, disabled people, teachers and community members in the evaluation process. The methods or tools used in an evaluation reflect the approach chosen.

In practice, there is no right or wrong approach and most evaluations use a combination of methods. We will always have to experiment – to try various methods and combinations of methods.

The objective approach

Objective methods claim to be based on an impartial, methodological approach developed by social scientists and to draw on the results of previous evaluations. They depend on good data collection and record-keeping, cross-checking information and statistical analysis. Objective methods are judged in terms of their lack of bias, reliability and validity, both to the project being evaluated and in comparison to other projects. An outside

evaluator plans and supervises the evaluation and writes the evaluation report. The final report may be turned into an academic paper or journal article.

Objective evaluation has many advantages. If the outcomes are well documented, they can be communicated to a wide range of people. They can help to convince professionals and decision-makers of the value of CBR programmes. However, evaluation reports or summaries may not be available to CBR workers in developing countries. If evaluation outcomes are not communicated to local people using language and concepts they understand, then the evaluation is likely to be seen as a failure.

The participatory approach

Participatory methods have been developed mainly by activists and community development workers. They focus on listening to many different groups, drawing on their views through skilful questioning and situations such as role play and exercises.

Participatory methods are judged in terms of their success in involving people. A participatory evaluation is intended to form part of the learning process and to improve the project. It is not usually intended to provide a model for other projects, or to extend specialised knowledge, although some reports appear in books and journals.

Participatory evaluation can reveal where the project is meeting, and failing

to meet, its goals and objectives, and which individuals and groups feel they are benefiting or not benefiting. By using participatory methods, an evaluation can obtain more detailed information and can support better relationships between project staff and beneficiaries.

However, participatory approaches also have shortcomings. Many of the methods used depend on interviews, questionnaires or reporting from local people rather than using tested and standardised objective tools used in other evaluations. There are sometimes problems in writing up and checking data when people report on their own projects – people may unknowingly give reports a favourable bias, whereas an outsider would be more objective. People may not always recall events accurately.

It is difficult to build equal relationships in an unequal society. Poorer and less educated people may feel obliged to highlight positive aspects and conceal negative aspects to show that they are grateful for the services provided and to impress outsiders, particularly foreign visitors.

A common participatory method is the focus group discussion (see Terms on page 5). While this may work well in some situations, in some cultures people find it difficult to discuss ideas and opinions frankly, particularly when the topic is sensitive or controversial (for example, sex or finance). A skilled facilitator can help bridge these gaps.

Despite the problems, a participatory approach has many advantages. It can:

- provide greater insight and value to an evaluation
- provide views and information not easily gained through objective methods
- be a learning exercise for the project and the community
- be a management tool for local people
- empower participants to take greater ownership of the project.

Some of these factors are considered to be the most important aspects of evaluation.

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Source: Where there is no artist/Petra Röhr-Rouendaal



Participatory methods are judged in terms of their success in involving people.

GATHERING INFORMATION

Is quantitative or qualitative information more useful in evaluation? In fact, each has its own strengths and most evaluations use a combination of the two approaches.

Quantitative methods

Quantitative methods gather information that can be presented through statistics, charts or graphs. They are particularly useful for larger or more complex programmes involving many people or covering a wide area. They can give an overall view of the whole programme and highlight specific programme areas. They can also demonstrate value for money – how many people are being reached by each activity and at what cost. Quantitative methods are sometimes difficult to use and understand and may require outside expert help.

Qualitative methods

Qualitative methods involve finding detailed information about programme participants, staff, villages or important events. Rather than give an overall view, they focus on particular people, events or times. Qualitative methods are especially useful in evaluating CBR programmes dealing with people of all ages with many different disabilities, living in different situations. Qualitative information does not try to compare people in a standard way; rather it highlights diversity.

A qualitative approach to evaluation can explore gaps between what the programme is supposed to be doing, as described in the programme mission or objectives, and the activities and situation in the community. For example, unstructured interviews with beneficiaries, staff and volunteers can help find out whether they have the same ideas and expectations of the programme.

Qualitative methods include:

- direct observation
- unstructured interviews
- key informant interviews
- focus group discussions
- written descriptions (articles, diaries etc)
- case studies
- photos, videos, drawings.

Sukit Sittisom and Sutat Chaakjal from Thailand share their experiences.

Mr Sukit Sittisom is a teacher and president of the Education Committee of the Huay Sak Cluster Schools – a group of nine primary schools which provide integrated education for children with different disabilities. Mr Sutat Chaakjal is the public relations officer of the Association of the Disabled, a disabled people's organisation from Chiang Rai province. In May 1996 both men participated in the evaluation of the CBR programme in the province.

Mr Sukit Sittisom says:

We set up a working group of nine members – one from each school – and discussed the type of information we wanted and the methods we could use. I was keen to involve different groups – disabled adults, children, parents and their families – to gain as much feedback as possible.

At first, my colleagues were not very keen as they thought it would take too long. We finally agreed that it was better to involve more people, even if it took longer because the final results would be better and more reliable.

We tried to use methods appropriate to each situation. With adults we used individual interviews with standard questions, followed by group discussions. With children, we used drawings, games and informal talks.

Topics and areas were assigned to each person. I met with disabled children and their parents in two areas. Setting up meetings took a long time and sometimes we had to make two trips. If we had been able to sort out this problem we would have saved a lot of time.

Everyone returned to the final meeting with their information and we analysed it together. We wrote up the evaluation

results and presented them to the district office of primary education. We enjoyed doing the evaluation and thought that it produced good results. By inviting everyone to become involved we got a fuller and more realistic picture.

Mr Sutat Chaakjal says:

Our organisation brings together disabled adults. We have around 100 members and all our committee members are people with disabilities. The CBR programme was very keen to involve disabled people in the evaluation.

I played several roles. I talked to the team about the association and the perceptions of disabled people. I was often a leader of group discussions – being a disabled person was a great help – and helped summarise the final results.

It was difficult and time-consuming making the first contacts with people in the villages, explaining what we were trying to do and why. In future, the team should get to know villagers before the evaluation starts. The village people were very welcoming. We found group discussions were better than individual interviews for gaining information.

Disabled people could do more evaluation in their own communities if they had opportunities and training. They already have local knowledge and are trusted by the community. It would increase their confidence in themselves and show others that being disabled is no barrier to work and involvement.

Thanks to Mr Theetawong of Save the Children Fund who interviewed Mr Sittisom and Mr Chaakjal in August 1996. Save the Children Fund supports CBR and integrated education programmes in Thailand.

Further information: Disability Project Coordinator, Save the Children Fund (UK), PO Box 1053, Bangkok 10112, Thailand. Fax: +66 2 255 0754



Children learn side-by-side in integrated education.

Source: Where there is no artist/Petra Röhr-Rouendaal

Monitoring is a vital tool

Jane Schofield Gurung and Bidur Koirala outline why.

Community Based Rehabilitation Services (CBRS) is a non-governmental organisation (NGO) based in Nepal's second city, Pokhara. It works in two districts – one urban and one rural. People often live many miles from the nearest road without easy access to government services, such as hospitals.

CBRS has as its vision: 'a society which respects the rights and dignity of disabled children and adults, giving them opportunities to fulfil their potential as equals.'

Our activities focus on disabled children and their families, and include:

- raising awareness of disability issues
- conducting home visits in a limited area and weekly counselling days for clients from outside this area
- using local people as trained and paid field workers
- forming parents' groups for mutual support and self-help activities
- supporting an NGO committee of local people and an advisory group of parents and disabled adults
- liaising with government officials to raise awareness and obtain allowances
- networking and referring.

In 1998 CBRS worked with 188 disabled people, most of whom were children under 14 years of age. One third of the children had physical problems. About half had learning difficulties, often in addition to other impairments.

CBRS has 13 field workers, some of whom are relatives of disabled people. CBRS follows a process-oriented approach, focusing on how things are done, as well as what is done.

Caritas Neerlandica, our present funder, asked us to evaluate our work for the past three years and suggested we could do the evaluation ourselves. This fitted with our own plans and ways of working. We wanted to look at what we had achieved and make future plans. In particular, we wanted to improve our current activities and consider whether to extend them to new areas. We already monitored our activities and did regular small-scale evaluations. However, this evaluation was larger, involved more people and brought a different perspective.

Many people were involved in the evaluation – the management team, NGO committee, advisory group, field staff and staff from other organisations. We also

used two external advisers who helped us set realistic objectives, facilitated group sessions and helped the management team write the evaluation report. The external advisers were active in community development, rather than disability, and brought in new ideas and perspectives.

We found that we were able to use our regular records to check many aspects of our work. Minutes of meetings, reports and reviews of staff and activities, financial accounts, feedback forms from awareness sessions and parents' groups – all proved useful. A survey of parents of disabled children provided useful indicators to measure progress. Of course, records are only useful if they are regularly updated and accessible. Data from normal monitoring is always available (see 'Monitoring framework').

The busy timetable was our main problem. We continued normal activities throughout. Staff didn't feel pressured or threatened, in fact the evaluation was a positive experience. We would have liked to spend more time on detailed planning. It has been hard to find time to follow up some aspects in detail.

The management team has already used some of the recommendations from the evaluation report to develop our policies and activities. We will implement recommendations on recruitment and training later.

We are also looking at ways to improve monitoring. We already collect information but we don't always use it fully.

We are considering using computer software programs such as OMAR (see page 12) or EpiInfo to assist us in keeping and making better use of the data we collect.

Overall, we found that self-evaluation worked well. It confirmed that we were working towards our aims and gave us ideas of how we could meet them better. It helped us to decide to continue to develop work in two districts, rather than move into new areas.

Jane Schofield Gurung and Bidur Koirala, Community Based Rehabilitation Services (CBRS), PO Box 293, Pokhara, Nepal. Fax: +977 61 21523 E-mail: cbrs@pokhara.mos.com.np

Monitoring framework

| Type of activity | How is activity monitored? | Who collects data? | How is information used? |
|-----------------------------|---|---|--|
| <i>Awareness programmes</i> | Observation by colleagues, reports, feedback forms, records of new contacts | Field workers and their supervisors, community members | By management team to assess effectiveness and performance, by field workers and supervisors to inform and support staff, discussions in staff meetings to assist planning |
| <i>Parents' groups</i> | Minutes of meetings, observation and reports, feedback forms from parents | Field workers and supervisors, groups of parents | By management team to assess effectiveness and performance, by fieldworkers and supervisors to inform and support staff, discussions in staff meetings to assist planning |
| <i>Home visits</i> | Visit report forms, attendance and fee payment records, supervision by senior staff, goal setting for clients | Field workers and supervisors | By management team (statistics), by supervisors to feed back to staff in supervision and meetings, discussion in staff meetings and training |
| <i>Project management</i> | Minutes, reports | Management team, field worker team leaders, other staff | Policies, decisions, planning reports to staff, committee and donors |

ORGANISING A WORKSHOP

A workshop can be an interesting and productive way to bring people together. It allows individuals with different roles to review the programme in different ways.

A successful workshop needs time (about two days) and some advance planning.

Around 20-25 participants are ideal. They might include volunteers, CBR workers, health workers, other service providers and district and provincial health managers.

Two independent local facilitators can assist the evaluation team in leading the workshop.

You can use different methods to encourage open discussion. Workshop sessions should include group activities, followed by discussions with some input from the evaluators.

A workshop can cause arguments and tensions and these need to be controlled tactfully and with humour. Facilitators may need to discuss particular points separately with individuals.

Topics and activities for a two-day workshop might include:

- **What are the aims of the programme?**
Making a list from memory (small group activity)
- **How is the programme meeting its aims?**
Scoring each aim out of 10 (small group activity)
- **What have you gained from the programme?**
Discussion (in pairs)
- **What have you contributed to the programme?**
Discussion (in pairs)
- **Our expectations, rewards and obstacles**
Ranking exercises (individuals)
- **Images of the situation of disabled people then and now**
Drawings (small groups)
- **SWOT analysis**
See page 10 (small groups)
- **Ways forward**
Plans for the future (small groups)
- **Video**
For example, *Hidden Potentials – The CBR Concept* (whole group).

Shaya Asindua outlines the experience of the Kibwezi CBR project.

Many of us fear that an evaluation will reveal our failures – resulting in programmes closing and jobs disappearing. Yet evaluations are crucial to ensuring that programmes remain useful and relevant. They not only highlight successes but help to turn failures into learning experiences and challenges.

The Kibwezi CBR project, based in Makueni district in eastern Kenya, started in 1983. It was first evaluated in 1990 by Pam Zinkin (Institute of Child Health, London) and Chris Saunders (Save the Children Fund). The project involved government health services and NGOs working together to identify and support disabled children and their families. The evaluation revealed that although the project was doing well in many areas, few adults with disabilities were involved.

The turning point came with a focus group discussion for a group of adults with disabilities. This was their first opportunity to discuss issues affecting them. Many participants knew of the Kibwezi project through its work with disabled children or in providing mobility appliances. However, there were no programme activities to support disabled children into adulthood, such as training or income generating activities.

By the end of the discussion, the group had decided to form the Kibwezi Disabled People's Organisation (KDPO) with themselves as the first members. They elected an interim committee and began a membership drive and awareness raising campaign.

At first project staff were unsure about their role. While they wanted to support the new group, they did not want to be seen to dominate or absorb it within the

CBR programme. They found it difficult to strike the right balance. The newly formed group was left to manage as best they could by themselves.

The interim committee lasted a few months. Some of the less active members resigned. Remaining members called a general meeting where new committee members were elected and started the process of drawing up a constitution. However, the process was a slow one. An internal review in 1994, revealed that inadequate support given by the project probably contributed to KDPO's slow development.

As a result, the Kibwezi project's strategies were revised to include greater support and closer guidance for the new organisation. Although KDPO remains an autonomous (separate) organisation, it is an integral part of the project. Activities are planned jointly. KDPO has even taken over the running of some activities. The project now realises that KDPO forms the basis for its future sustainability.

The 1990 evaluation showed a CBR programme can be effective only if disabled people are involved in all aspects of work. Without the evaluation and the development of KDPO, the Kibwezi project would probably have continued focusing on children, rather than supporting their development into adults. Overall, the evaluation process has helped to streamline the direction of the programme. Our major goal is now to support disabled people to express their own needs and to control their lives.

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We hope to report on the outcomes of a more recent evaluation of the Kibwezi project in a forthcoming issue of CBR News.*



The Kibwezi project aims to support disabled children into adulthood.

Successful SWOT

SWOT stands for Strengths, Weaknesses, Opportunities and Threats. It is a specific method of looking at organisations, programmes or projects. A SWOT exercise can help to provide fresh insights into your project by identifying factors that influence it now and in the future. This exercise often works best in a mixed group with people from different areas and levels inside and outside the organisation.

Facilitators will need: Four large sheets of paper or a large board labelled Strengths, Weaknesses, Opportunities and Threats; some paper for each group; pens, pencils, markers or chalk.

Divide people into small groups (two to six people is ideal). You may want to divide people by type or area of work, or their role (volunteers, parents, committee members etc).

Each group is asked to list in turn the project's strengths and weaknesses, and the opportunities and threats that face it. Strengths and weaknesses refer to the situation in the project now. Opportunities are areas for future developments. Threats are potential problem areas.

Set a time limit for the exercise such as 10 or 15 minutes. Stress that this is a brainstorming exercise where you are looking for honest opinions and many different ideas, not a detailed discussion or an argument.

Groups can jot down their ideas on the paper provided. After brainstorming, groups can transfer their answers to the larger sheets of paper or board. Then they can discuss the ideas for each area.

Get the groups to compare their answers for each area, asking questions to assist this process. Have groups come up with similar answers or very different ones? What does this reveal about the experiences and perceptions of the different groups?

Are there areas of clear agreement and other areas of disagreement? Do answers offer ideas about areas that need strengthening or about future directions of the project?

Here are comments by participants in a rural CBR programme during a SWOT exercise. Consider where you would place each idea (strength, weakness, opportunity or threat) and why (sometimes you find that a comment may fit into more than one category).



Source: Steps to making sex safer/Healthlink Worldwide

Can you draw any conclusions from the ideas? What do they tell you about the project?

We all trust each other

Everyone is committed to the programme

I don't feel at home using English in workshops

The volunteer training is good

It's difficult to find time to fit everything in

We need more bicycles

We all speak the same language

We don't really achieve equal opportunities for disabled people

Funds always come late

I'd like to get more involved with decision-making

Our record-keeping could be improved

We can call on expert staff if needed

I wish we had more full-time workers

Most people have time, but not much money

I would like to give some incentives to volunteers

I believe more disabled people could get involved

The responsibilities of committee members are not clear

We depend too much on experts at the district hospital

Our donors seem very happy with us

People used to give time and labour free but now they want payment

The district health manager is supportive

The government has no policies on disability

The new teacher is not keen on having disabled children at school

Other programmes could learn a lot from us

We could join with other associations for disabled people

Many donors are not interested in disability

The local newspaper did a good story on us

Women are more positive towards us than men

Francis Simwanza says that understanding people and attitudes is vital.

As an outside evaluator, I need to be clear about my role. I start by reading background material (such as records, reports, statistics) to understand the context of the programme – its purpose, design, implementation, where it is now and, more importantly, its vision for the future.

I think of the programme as a journey – before you start out, you ask yourself the purpose of the journey and the route you want to take. You need to know your destination and when you have arrived. As the saying goes: ‘You can’t set the course for where you’re going until you know where you are’. As an evaluator, my task is to help in defining exactly where you are.

Examining attitudes

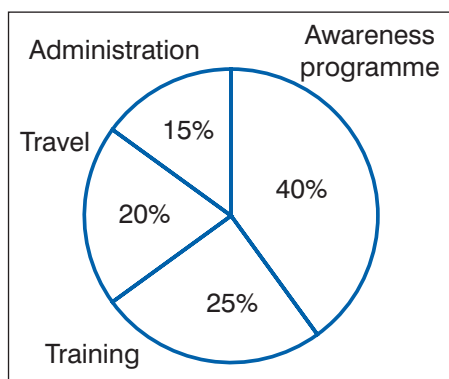
When evaluating disability programmes, it is vital to examine attitudes. This means assessing how disabled people see themselves and how the community sees them.

In my experience as a disabled person, people with disabilities are generally treated with pity. As a result, many lose their self-esteem and feel worthless. On the other hand, society often expects disabled people to act and behave better than other people. One school head told me: ‘I didn’t know disabled children could be naughty, just like other children’. If integration is successful the community recognises that people with disabilities have similar faults and problems to other people.

For an outside evaluator, it is very important to be objective, especially when it comes to listening to different viewpoints, establishing common concerns, looking for underlying reasons for problems, establishing whether the programme provides value for money and whether it is sustainable.

I particularly look at the role of disabled people. Do they understand the programme and feel that it is their programme? How do they view managers and staff – as people from outside with money to spend, or as supporters and helpers?

As an outsider, it is sometimes difficult to get all the information you need. People sometimes tell you what they think you want to hear, whether good or bad. I try to understand the local



An example of a pie chart

culture because it helps me to understand why certain things happen in the way they do.

It is vital to develop indicators to measure progress. Most indicators are simple and practical. For example, if a child with Downs Syndrome can tell the difference between colours (green and red) this is an indicator that skills are being learned. Sometimes indicators are more complex. One teacher at a school for Downs Syndrome children said: ‘When children of the opposite sex are holding each other, we don’t see it as bad behaviour. We view it as enlightenment – that they are aware of each other’s differences as human beings and can express feelings of love’.

Every programme is designed to meet certain needs. As an evaluator, I need to find out whether those needs are being met. In doing so, I have to bring out real issues – the programme’s strengths, weaknesses, opportunities and threats (popularly known as a SWOT analysis – see page 10).

I analyse the programme budget, particularly how each item relates to the whole budget. I draw a pie chart (a circle divided into segments – see illustration)

to show the proportion that is spent on each area, such as administration, training and travel. This tells me a lot about the focus and direction of the programme. I discuss these results with programme managers, including any changes that might be needed. I aim to show the real situation, and not just show whether funds are spent well.

Sustainable programmes

Sustainability involves much more than funding. It includes the link between the programme organisation, government agencies and other organisations, including disabled people’s organisations. I look at how disabled people and parents are involved in the programme, whether it helps to empower them and raise their self-esteem, and whether community attitudes towards disability have become more positive.

Unfortunately many programmes see evaluation as threatening, especially when requested by a donor. The evaluator’s aim is not to damage the programme but to add value. Evaluation should be seen as an opportunity for the programme to make any changes needed and to show that it has learned from past mistakes. Sometimes a positive evaluation report might lead to loss of funding, particularly where a programme appears to be able to sustain itself. This is something to be proud of. It helps to build a good reputation for the organisation and presents opportunities for further funding in other programmes.

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Heather Payne/Healthlink Worldwide

Francis Simwanza takes a hard-earned break during a recent evaluation in rural Zambia.



RESOURCES

Partners in evaluation: evaluating development and community programmes with participants

By Marie-Thérèse Feuerstein, Macmillan, 1986.

Widely available book introducing basic concepts about evaluation, emphasising participatory methods. It covers planning and organising evaluations, using existing records, data collection and reporting, and using evaluation results.

Available from: TALC, PO Box 49, St Albans, Herts AL1 5TX, UK.

Fax: + 44 01727 853869

E-mail: talc@btinternet.com

Price: £3.60 plus p&p £1.20 (surface) or £2.40 (air).

Finding out if your programme works: Evaluation and monitoring

By Dr Laura Krefting, Indonesia, 1995.

This manual is one in a series of training materials for CBR workers and has been field tested in Indonesia and Bangladesh. Written in straightforward language, it contains many case studies, learning activities and illustrations. The manual is organised into small modules and covers many practical skills. It is available in Indonesian and English.

Available from: Prof. Dr Soeharso CBR Development and Training Center, Jalan Adisucipto, Km 7, Colomadu, Solo 57176, Central Java, Indonesia. Fax: +62 271 780976 E-mail: cbr@slow.mega.net id Price: US\$7.50 plus extra for air p&p.

Guidelines for conducting monitoring and self-assessment of community based rehabilitation programmes: using evaluation information to improve programmes

By World Health Organization/ International Disability Consortium, Geneva, 1996.

This manual is part of a continuing project to develop useful, practical tools for CBR programmes. Drawing on the experience of many existing programmes, it covers definitions of evaluation, monitoring, self-assessment, using results, and roles and tasks in evaluation. It is aimed mainly at local programme managers.

Available from: Ms Sonia Florisse, Disability and Rehabilitation Team, WHO, 27 Avenue Appia, CH-1211 Geneva 27, Switzerland. E-mail: florisses@who.ch Price: Free to developing country readers; US\$18 elsewhere.

OMAR in rehabilitation: a guide on operations monitoring and analysis of results

By Ture Jönsson, UNDP, 1994.

OMAR is a package designed to assist in

monitoring and evaluation of CBR programmes through theory and practical exercises. It contains a manual, with accompanying forms based on the WHO Training Manual, and a software program on a computer disk (3.5"). OMAR is now out of print. However, copies have been widely distributed and used in training. People should ask CBR organisations in their country if they have OMAR or could provide training. A revised version of OMAR is available electronically at website: <http://dag.virtualave.net>

Disability indicators: towards monitoring and evaluating rehabilitation interventions in the Southern African region

By P McLaren and S Philpott, South Africa, 1998.

A paper on disability indicators which are useful in evaluation. It looks at general indicators, and indicators used to measure inputs, outputs and effects. The paper emphasises the importance of gaining reliable data through regular monitoring and developing standard indicators. It has references and a discussion exercise.

Available from: Disability Action Research Team (DART), 12 Millar Street, Howick 3290, KwaZulu Natal, South Africa. Fax: +27 332 305693 Price: Free

Mid-term review report on Chipata District Community-based Rehabilitation Programme, Eastern Province, Zambia

by Francis Simwanza and Heather Payne, FIDIDA/Healthlink Worldwide, 1998

A CBR programme review in a rural area looking at how to strengthen services while providing greater local accountability and involvement of disabled people in programme activities. It could provide a useful model for people preparing for an evaluation. A shortened version is available.

Available from: Healthlink Worldwide Price: Free to developing country readers; £5/US\$10 elsewhere.

Dialogue on Diarrhoea, issue 51, 1992. AIDS Action, issue 32, 1996.

Past issues of Healthlink Worldwide newsletters have looked at evaluation and monitoring in relation to child health and HIV/AIDS. Many case studies and exercises could be adapted to disability programmes.

Available from: Healthlink Worldwide. Price: Free to developing country readers.

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Contact: hnet@usa.healthnet.org

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