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
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FOREWORD

These guidelines have been prepared through the collaboration of WHO and the International Disability Consortium (IDC), which is composed of fourteen International Non-governmental Organizations that support rehabilitation activities in developing countries. The need for guidelines for the assessment of Community Based Rehabilitation (CBR) programmes was identified by these organizations as well as by governments in countries where CBR programmes have been initiated.

We wish to express our gratitude to the authors, who were selected by IDC members and WHO to prepare these guidelines: Ms Brigitte Gautron, Dr Laura Krefting and Dr Brian O’Toole. The initial draft of their text was sent out for review by representatives of IDC and the CBR programmes that they support. Based on comments from these people, who are involved in the development of CBR programmes, the authors prepared the final draft. We also wish to thank those who provided feedback on the initial draft.

The authors explain in the Introduction that these guidelines must be adapted for each CBR programme in which they are used. We would like to emphasize that it is not possible to prepare a guide that is appropriate for all programmes. Because CBR programmes are developed to meet the needs of people with disabilities within specific communities, cultures and countries, each programme is unique. Nonetheless, we believe that these guidelines will be useful to any CBR programme that wishes to initiate or strengthen its own methods for monitoring and self-assessment.

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INTRODUCTION

These Guidelines were prepared to help people working in the area of Community Based Rehabilitation (CBR) to incorporate monitoring and self assessment activities into their own programmes. It is hoped that the Guidelines can be used by people in the community, managers and trainers, advisory committees and sponsoring agencies.

These Guidelines have no pretense to being comprehensive. They are intended simply to provide basic information on two types of evaluation: monitoring and self assessment. Monitoring is collecting simple and relevant information to keep you informed about what is going on in the programme. Monitoring is part of the daily routine of the CBR programme and is not something special done at the end of the year. Self assessment gives all those involved in the CBR activities a chance to stop and systematically look at the monitoring information, think about why the programme is functioning in the way that it is and make specific decisions based on the information. The broader issues of conducting a comprehensive evaluation will be addressed in another publication. It is hoped that this document will however stimulate other ideas and new approaches to the areas of monitoring and self assessment. It may also help to address the common difficulty faced in evaluation in that people at the community level are asked to collect too much information that is not linked to their activities. Usually they are not asked to help decide what information is needed for the evaluation and they often receive very little in the way of feedback.

Because each CBR programme is different, the ideas in this document need to be adapted to each one. Not all of the information will be relevant to everyone. Suggestions are offered to assist in choosing only the most relevant information to collect.

More detailed and theoretical information can be found in the books and articles listed in the references at the end of these Guidelines. Please note that almost all of the background information in this booklet is taken from existing references. The Guidelines simply try to focus on the specific challenges of CBR.

The Guidelines suggest that monitoring and self-assessment are basic elements of any CBR programme and that such measures will provide keys to an effective comprehensive evaluation. In a number of programmes this information is not available. These Guidelines suggest ways in which monitoring and self assessment approaches can become an integral part of the CBR programme.

The intention behind these Guidelines is not to promote an “inspection” approach to evaluation by which a programme is judged against some form of preset standard and carried out mainly by independent assessors. Rather, the intention is to serve as a catalyst to stimulate a climate of critical self-reflection within a CBR programme which we hope will then serve to strengthen the intervention. In approaching the task of monitoring and self assessing we need to be clear at the outset the reasons for undertaking this approach. These Guidelines are therefore intended to help participants understand more clearly the dynamics of their own CBR programme.
It is hoped that the process of monitoring and self assessment outlined here will assist in the process of appreciating the strengths of a programme and to be open to the challenges yet to be faced.

In this booklet the term Community Based Rehabilitation Worker (CBRW) is used. This refers to the first level person who works alongside the persons with disabilities. In some countries these are volunteers, in others they are Primary Health Care Workers, social workers, Community Development Officers or teachers. These persons are in turn supported and supervised by Mid-Level Rehabilitation Workers. They are called by various names in different programmes; Intermediate Level Supervisors, Managers and Supervisors. In this document the persons in charge of programmes are referred to as “Co-ordinators”.

In the Annex some examples are provided of how information can be gathered at various levels of the programme. A number of sample survey forms are offered. They are simply included as examples and would need to be adapted to meet the specific needs of individual programmes. It is hoped that the checklist will help to stimulate the critical thinking process within programmes as this is the key component of any evaluation process and it is this process that will effect change in programmes.
ABBREVIATIONS

The following abbreviations are used in the text:

- **CBR** Community Based Rehabilitation
- **CBRW** Community Based Rehabilitation Worker
- **CHW** Community Health Worker
- **DPO** Disabled Person's Organization
- **MLRW** Mid Level Rehabilitation Worker
- **MOE** Ministry of Education
- **MOH** Ministry of Health
- **MOSA** Ministry of Social Affairs
- **NGO** Non Governmental Organization
- **PHC** Primary Health Care
- **PWDs** Persons with Disabilities
CHAPTER 1: WHAT IS COMMUNITY BASED REHABILITATION?

The definitions and descriptions in this section are taken from the “Joint Position Paper on CBR for and with People with Disabilities”, (ILO/UNESCO/WHO, 1994).

1.1 Definition

Community Based Rehabilitation (CBR) is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities.

CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.

1.2 Methods for Implementing CBR

The broad methods for developing CBR include the formulation and implementation of policies to support CBR:

a. The encouragement and support of communities to assume responsibility for the rehabilitation of their members who have disabilities.

b. The strengthening of rehabilitation referral services for health, education and labour at district, provincial and national level.

c. The establishment of a system for programme management and evaluation.

The participation of disabled people in all of these activities is essential.

1.3 Sustainable CBR Programmes

A CBR programme will be sustained when three factors come together:

a. The articulation of a need.

b. A response from within the community indicating readiness to meet this need.

c. The availability of support from outside the community.

One cannot expect community involvement without a perceived need, and support should be offered to the community only when it is willing to address that need.

An isolated CBR project, which is not related to some government policy or programme, has limited chance of being sustained. Sometimes an organization, in its zeal to promote CBR, provides a great deal of external support to a CBR project which is not linked to government policies or priorities. There may be a perceived need, and the community may be enthused because of the initial external support. However, gradually as the external support decreases the CBR project may wither and die.
Whilst the foregoing extract from the ILO/UNESCO/WHO statement illustrates the essence of CBR it must be stressed that CBR is a philosophy of help that inevitably embraces a “range” of practices. The CBR approach adopted in any particular country will depend on who has initiated the approach and the context in which it was introduced.

In many countries the catalyst for introducing CBR has been an NGO, elsewhere the programme has been introduced on a national level by government. However whatever the point of initiation, for a programme to be sustainable it needs to be closely linked with the government infrastructure.

In practice there is a great range of activities that are subsumed under the heading of “CBR”. Greater attention to evaluation in the area of CBR may help to clarify the concept further. In particular, evaluation will shed light on the potential mismatch between what projects claim to be doing, what they could be doing and what they are actually doing.

The recent publication of the UN Standard Rules on the “Equalization of Opportunities for Persons with Disabilities” has provided very valuable data to appreciate the struggle in the area of disability in terms of human rights issues. In any evaluation exercise therefore the issue of the basic human rights of the persons with disabilities needs to be in the forefront. Another key document to refer to is the UN Convention on the Rights of the Child.

(For a copy of the Standard Rules, contact the United Nations information office in your country).
CHAPTER 2: HOW EVALUATION CAN STRENGTHEN PROGRAMMES

2.1 What is Evaluation?

Often people in CBR are doing informal evaluation and may not even realize it.

Florentino, the field co-ordinator makes supervisory visits to the CBR volunteers once a month. He does not fill out any forms or reports but at the end of the day he often reviews what he has seen or heard while out on visits with the volunteers. One day while driving home he realizes that nearly every volunteer he has visited in the last 3 days has had some problems dealing with local authorities. The volunteers seem to be going less and less often to government offices to promote the programme. He decides to plan a workshop about negotiation and advocacy to help the volunteers. Florentino is doing evaluation and using the results to improve his programme.

Evaluation is not something you do just at the end of the programme or when funding is finished, it is done throughout the intervention. In fact, an evaluation plan should be developed during the planning of the project before any activities ever start.

There is a direct link between evaluation and planning. If you do not have a clear idea what you want to achieve through your activities, then you will not know if you succeeded. That is why one of the first steps in planning is to organize how you are going to gather relevant information about your activities.

Evaluation refers in a general way to mean all the activities that are done to see how a programme is progressing. Monitoring and self-assessment are two aspects of the evaluation process. Comprehensive evaluation is a special type of evaluation that includes a large scale review of a programme and is not included here.

2.2 Benefits of Evaluation

2.2.1 Finding out the value of the programme:

One of the most common questions asked in evaluation is “How are we making a difference for disabled people?” In order to improve the lives of the disabled people many other aspects of the programme need to be considered.

Some other questions that tell you the value of the programme are: “How have we changed awareness about disability in the general community?” “How many children have we assisted?” “Are local employers employing more persons with disabilities?” “Are we using our volunteers effectively?”
2.2.2 Making decisions to improve programmes:

One of the best way to improve a programme is to review it. Even informal evaluations can help to identify weaknesses in programmes. When problems appear, decisions about trying a new approach can be made.

2.2.3 Funding:

Not only is evaluation important to staff, participants and community members, it is also important for getting programme funding. Donors are very hesitant to give money or time to a programme that has not been reviewed and evaluated. It is now quite usual that CBR funding proposals must be accompanied by some type of evaluation of the current programme or at least a feasibility study to prove the need.

2.2.4 Finding new knowledge about CBR:

Evaluation results are especially important in CBR where there is a lot of talk about the idea of CBR but until very recently very little information on how CBR programmes work. Evaluation studies reveal how a programme works, and helps participants understand which activities work best with which types of people. Another type of new information that might be gained from evaluation is how the idea of CBR spreads both from the local community to another community or within a government.

Every CBR programme is different, various parts of the Guidelines and examples will therefore fit different programmes. However, by reading through this booklet it is hoped that the reader can get ideas about how to evaluate various programmes. The present Guidelines aim to share information on the variety of ways in which evaluation can be undertaken. In many cases the reader will only need to adapt the information in the Guidelines a little. The principles and methods outlined in the Guidelines can be used in almost all CBR programmes.

These Guidelines are organized into evaluating CBR activities at three different levels:

a. The first are CBR activities taking place at the local level. This involves work done by the local committee and by other groups within the community as well as disabled people, families and community rehabilitation workers.

b. CBR work on the second level is often at a district or provincial level and is not as directly involved with specific disabled people in a programme. It involves training CBRWs and CBR committees, awareness activities and other activities that support the local level. Organizing a referral system is an important part of district level work.

c. CBR work on the third level is directed towards a larger scale such as provincial or national support for CBR. Activities at this
level include: advocating for policy change to support disabled people, including CBR in the curriculum of all health professionals, education, and social workers. It might also include fund-raising and promotion of the CBR concept.

The analysis of the process into these three levels does not however assume that this is the way in which all CBR programmes are structured at present. There are few countries presently that have attained a "national" level of operation. The analysis is presented in this way to outline how the process could be developed and it is understood that the three levels need to be interactively connected throughout the evaluation process.

2.3 Barriers to Evaluation

There are many reasons why evaluation is difficult:

* CBR workers are often too busy implementing the programme. Activities such as obtaining funding, training workers, educating the public may take all the time and energy available.

* People may think they do not have the skills and that evaluations are always done by experts.

* Others may not really want to know how the programme is going. Evaluation may often mean change. Sometimes people in CBR programmes would rather keep the programme as it is rather than look at ways to improve it.

* Some people link the idea of evaluation with discontinuing a programme. They may have heard of programmes or projects where funding was withdrawn after an evaluation.

It is important to recognize these barriers to evaluation and not expect that everyone in the programme will want to take part in an evaluation. It is necessary to promote the idea of evaluation in the programme before starting.

It may be useful to think about the practical relevance of the evaluation for specific people in the programme who may not want to participate and try to convince them how the evaluation will help them.

2.4 Evaluation is more than Numbers

Example:

An evaluator from the funding agency was given two days to look at a rural community programme for blind people. There was no time to make questionnaires or review records and she was only able to "drop in" on a few participants who happened to be home when she arrived.
This is what she experienced:

* she had coffee with three members of the village when they arrived at the home of a 50 year old farmer in the programme. The farmer used to be called “Mr. No Eyes” according to his wife and the CBR worker. They described how he used to do nothing but sit and drink tea. His neighbours had come to get his advice about getting electricity into the village.

* she was shown an invitation from the provincial government to one of the CBR programme participants to represent the province at a meeting that was unrelated to health or disability.

* she went to visit Pah, a teenage participant, but he was not at home. She later met him on the road collecting the payments for the gas bills which was his job as a village volunteer.

* visited a local fair and overheard the governor call the CBR field co-ordinator by her first name and thank her for sending her a project update last month.

* had a five-minute visit with Mr. Dang, an older blind man, who told the co-ordinator, “Why do you keep coming here, I told you I am old and just want to die, go away”. He was sitting on a mat in the back of the house with no other furniture around him.

Based on her brief observations and back up conversations with field workers, she wrote a brief report to support continued funding of the project.

The case above gives several examples of what is called **qualitative** evaluation information.

**Qualitative information can be:**

1. Direct observation;
2. Open-ended unstructured and in depth interviews;
3. Written descriptions in the form of newspaper articles, diaries, letters from programme participants, etc.;
4. Case studies;
5. Videos or photographs;
6. Focus group discussions;
7. Direct observations;
8. Key informant interviews;

What these have in common is that they get detailed or specific information about one, or a small number, of programme participants, staff, villages or important events.
These data can be complemented with quantitative information (numbers, statistics, charts and graphs) and are sometimes thought to be less scientific or convincing. This need not be the case. One is not “better” than the other, rather each has its strengths in various situations.

Qualitative methods are especially useful in CBR for several reasons. Most CBR programmes deal with people of all ages with many different kinds of disabilities and handicaps, living in very different situations from each other. In the case study above, the experience of three different participants were described, Mr. No-Eyes and Mr. Poh were active in the community but Mr. Dang might be considered a CBR “programme failure”. Qualitative information can show the diversity of the programme and does not try to compare people in a standard way which often is done using the quantitative approach.

Qualitative information can also show the context of the programme and how it influences the evaluation. For example, a review of the number of participants involved in the programme might show a slight decrease from the previous year, but a review of the front page stories of the local newspaper over the past months may reveal that even though the CBR programme does not look like it has made great progress, it might be quite successful considering the drought that had closed down most other community projects.

Another advantage of qualitative evaluation is that it can show the difference between what the programme is supposed to be doing, for example as described in the project objectives or mission statement, and the activities and situation in the community. Methods like unstructured interviews with the advisory group, staff, participants and local resource persons can help find out how close are their ideas and expectations of the programme. One approach could be to begin the interview using simulation questions, such as; “Suppose you have three minutes on national television to describe your programme, what would you say?” Another way to begin an unstructured interview is, “Poh, suppose I was a new participant in the CBR programme and I asked you what I would get out of it, what would you say?”

Qualitative information can indeed be more powerful than quantitative information. A well written case study of “Mr. No Eyes” with an accompanying picture of him in his market garden and an analysis of how the programme helped him might stay in the funders’ mind a lot longer than many pages of charts and numbers.

The following example also illustrates the value of qualitative data;

The CBR worker was filling out an assessment form to see how far Mei Chi had progressed on one of the categories on the form “Community activities”. She had been given a locally made wheelchair about three months previously. The CBR worker was excited because Mei Chi had moved from a “0” on the form, which meant she did not go out in the community at all to a “3” which meant she could get out without help which was defined as
being able to take the wheelchair out of the house herself. But what the CBR worker might have seen if she had gone out for a walk with Mei Chi is that when Mei Chi went out, everyone was afraid of her and did not know what to say or where to look when they met her. She could wheel down the street but she was not actually “in the community”.

This example helps to show why qualitative information can be useful. Whilst standard forms are important they do not always tell the whole story. Trying to translate what people can do into numbers may be difficult. What the CBR worker evaluated was Mei Chi’s ability to wheel the chair, not her ability to join the community. Community observation might have given better information.

Using qualitative information can be difficult however. It may take longer to gather and it can be difficult to analyse, summarize and draw recommendations from the information. With quantitative methods, it is possible to get information about larger numbers of people, using a limited number of questions. This method of collecting the information makes summary and comparison of data much easier.

With qualitative data, it can also be difficult to make broad generalizations. For example, case studies written about the three people above can give detailed and convincing information about those participants which clearly demonstrate how they have been helped by the project. The results of a short survey of 150 programme participants, however, can be seen to better represent the whole programme.

A third problem is whether qualitative information is regarded as convincing as numbers and statistics. This is partly because people use qualitative information without fully understanding the technique and not making sure that their information is valid and reliable. There are many well accepted methods of using qualitative data but often evaluators are unaware of them. The references at the back of the book offer some examples. These references also outline some valuable non-literary approaches to evaluation such as mapping and presenting evaluation data in pictorial form.
CHAPTER 3: MONITORING

Monitoring is collecting simple and relevant information to keep people informed about what is happening in the programme. Monitoring is keeping track of CBR activities mainly through numbers or statistics. In some cases, the word statistics means complicated numbers, referring to, for example, the number of disabled people in a country as a fraction of the whole population. In CBR programmes, statistics may be simple figures such as the number of people in the programme, the amount of local funding obtained or the number of posters on prevention of disabilities distributed.

Monitoring information helps the CBR Worker keep track of his or her own work and to make simple day to day decisions about CBR activities. It is part of the daily routine of CBR and not something special you do at the end of the year.

3.1 Monitoring at the Local Level

In most CBR programmes, the day to day work is done by Community Rehabilitation Workers (CBRWs) who work directly with disabled people and their families and by members of the local CBR committee. The CBRWs are sometimes government employees who have other responsibilities, for example, paramedics or school teachers. CBRWs can also be unpaid volunteers from the community or paid CBR programme staff who work at the local level. CBRWs could also be people with disability or parents of children with disability.

Local CBR committees can be made up of representatives of local organizations (e.g. women’s groups, business organizations) and influential leaders such as the school principal and the heads of religious groups. In some places, representatives from local authorities (e.g. village head or town council) are also on the committee but this varies widely depending on the political and social situation. A key member of the committee should be a representative of the local Disabled People's Organization (DPO) and family support group.

Some typical roles and tasks of the CBRWs are presented in Table 3.1. Beside each activity are examples of monitoring information that could be collected and where that information could be found. The table is simply an illustration and is not intended as a prescribed list of activities. Each programme needs to define these in terms of their own circumstances, resources and stages of development. The important point is that in order to evaluate a programme we should know who is doing what activity and what the effectiveness of that activity may be.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Monitoring Information</th>
<th>Source of Information</th>
</tr>
</thead>
</table>
| (1) Give simple help and advice | - number and type of direct activity/participant  
- type of technical devices given  
- individual participant outcomes such as “success stories” or “most difficult situations” as told by participants  
- profile of programme “drop outs” | - monthly report  
- written case study; record summary; photos  
- video case study |
| (2) Make referrals | - number and type per month  
- participant satisfaction with using referral system | - monthly report  
- case study |
| (3) Provide community education | - number attended event or meeting  
- participant evaluation and satisfaction  
- participant learning  
- record of coverage in all types of media, e.g. radio, TV, news, magazines, NGO bulletins | - minutes of regular meetings or event report; media coverage  
- interview; focus group; written comments  
- follow up interviews  
- media watch file: someone who reviews media for CBR and disability issues |
| (4) Promote formation or strengthen disabled people’s organizations (DPOs) which are separate and independent | - number of joint meetings attended or events sponsored with DPO and CBR project  
- kind of support given or joint activities with CBR programme  
- number of members  
- major activities | - minutes of group meetings; report by members  
- records  
- self assessment meeting  
- event record |

Some of the above information is more vital than others depending on the programme goals. There is often a danger that projects are asked to collect too much information which is not linked to their major activities. It should also be stressed that much of
the data is not easy to obtain, for example data on changes in the community’s knowledge about disability prevention is not easy to collect and quantify.

**TABLE 3.2: MONITORING INFORMATION FOR CBR COMMITTEE**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monitoring Information</th>
<th>Source of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Manage the CBR activities</td>
<td>- number of disabled persons each worker sees regularly</td>
<td>- monthly meeting and report</td>
</tr>
<tr>
<td></td>
<td>- critical events or problems reported by CBRWs</td>
<td>- monthly meeting and report</td>
</tr>
<tr>
<td></td>
<td>- number of disabled people involved/number in need</td>
<td>- self assessment meeting (see section 4)</td>
</tr>
<tr>
<td></td>
<td>- CBRW and committee member drop-out</td>
<td>- self assessment meeting (see section 4)</td>
</tr>
<tr>
<td>(2) Create awareness about disability issues and CBR</td>
<td>- number and kind of events held or attended to promote awareness</td>
<td>- monthly report; media watch file</td>
</tr>
<tr>
<td>(3) Mobilize resources</td>
<td>- number and kind of activity</td>
<td>- monthly report</td>
</tr>
<tr>
<td></td>
<td>- funds raised</td>
<td>- monthly report</td>
</tr>
<tr>
<td></td>
<td>- in kind contribution e.g. food, rent-free facilities, materials</td>
<td>- monthly report</td>
</tr>
<tr>
<td>(4) Foster involvement of DPOs in CBR</td>
<td>- number of staff or volunteers that are disabled</td>
<td>- self assessment meeting</td>
</tr>
<tr>
<td></td>
<td>- leadership positions held by disabled persons</td>
<td>- self assessment meeting</td>
</tr>
</tbody>
</table>

### 3.2 Monitoring at the District Level

The Mid-Level Supervisor or manager does not usually work directly with disabled people and their families in the community, but trains and supervises those who do. The CBR supervisor often carries out co-ordination and advocacy activities. Sometimes he or she also is a “trainer of trainers in the local community”.

Table 3.3 outlines some of the major tasks of this group of workers and suggests some ways to monitor how effectively they are performing these activities.
### TABLE 3.3: MONITORING INFORMATION FOR THE MID-LEVEL REHABILITATION WORKER

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monitoring Information</th>
<th>Source of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Identify local needs</td>
<td>- prioritized list of needs</td>
<td>- reports from: self assessment meetings, community meetings, survey and other interviews; focus group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- case study that shows greatest needs with photos</td>
</tr>
<tr>
<td>(2) Train CBRWs</td>
<td>- number trained, number of hours of training given</td>
<td>- training evaluations/reports</td>
</tr>
<tr>
<td></td>
<td>- trainees’ satisfaction</td>
<td>- summary of post training interviews or surveys</td>
</tr>
<tr>
<td></td>
<td>- trainees’ competence</td>
<td>- follow up study of critical events</td>
</tr>
<tr>
<td>(3) Give technical advice and support</td>
<td>- number of visits to CBRWs/month</td>
<td>- monthly activity report</td>
</tr>
<tr>
<td></td>
<td>- type of problem and advice given</td>
<td>- reports from self assessment meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- case study or critical event</td>
</tr>
<tr>
<td>(4) Identify local referral network and train CBRWs about it</td>
<td>- number/kind of agencies visited</td>
<td>- monthly activity report</td>
</tr>
<tr>
<td></td>
<td>- agency interest and ability to assist</td>
<td>- case studies where referral has and has not worked well</td>
</tr>
<tr>
<td></td>
<td>- number of hours on referral in total training</td>
<td>- review training curriculum</td>
</tr>
<tr>
<td>(5) Support CBR Committees</td>
<td>- number of meetings</td>
<td>- minutes</td>
</tr>
</tbody>
</table>

3.3 Monitoring at the National Level

Usually at the national level, the monitoring work is done by the CBR co-ordinator. In some countries this work will be done by national or provincial/state level CBR co-ordinating teams.
Table 3.4 outlines some of the major tasks of the National Co-ordinator and offers suggestions of ways to monitor how effectively the coordinator or the coordinating team is performing these activities.

**TABLE 3.4: MONITORING INFORMATION FOR THE CO-ORDINATOR**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monitoring Information</th>
<th>Source of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Manages programme</td>
<td>- regularity of district reports</td>
<td>- review records</td>
</tr>
<tr>
<td></td>
<td>- awareness of problems/needs at local level</td>
<td>- focus group with co-ordinators</td>
</tr>
<tr>
<td></td>
<td>- financial accountability</td>
<td>- review records</td>
</tr>
<tr>
<td></td>
<td>- programme activities match and meet goals and objectives</td>
<td>- review records</td>
</tr>
<tr>
<td>(2) Promotes concept of CBR</td>
<td>- number of new “partners” supporting programme</td>
<td>- review records</td>
</tr>
<tr>
<td></td>
<td>- number and kind of high level government support</td>
<td>- media coverage</td>
</tr>
<tr>
<td>(3) Monitors resources</td>
<td>- number and sources of new funding/resources</td>
<td>- brief report</td>
</tr>
<tr>
<td></td>
<td>- contribution of government/private rehabilitation specialist to programme</td>
<td>- financial records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- brief report</td>
</tr>
<tr>
<td>(4) Fosters DPO involvement</td>
<td>- % of DPOs supporting CBR concept</td>
<td>- review records</td>
</tr>
<tr>
<td></td>
<td>- % of DPs on national committee and position held</td>
<td>- review records</td>
</tr>
<tr>
<td>(5) Promotes intersectoral</td>
<td>- number of inter-Ministry meetings, number of joint training</td>
<td>- minutes of meetings, records of</td>
</tr>
<tr>
<td>collaboration</td>
<td>activities and events</td>
<td>programmes and events</td>
</tr>
</tbody>
</table>

At this level, monitoring is very limited, usually a short report of major events to the sponsor or government ministry in charge. They may be written every 1-2 months, the frequency and size depend on the size of the programme. Regular financial reports (at least every three months) are important monitoring tools.

The following list gives examples of monitoring information which can be communicated from the local to district and national level.
TYPE OF INFORMATION

I. Impact on Individual People:

   Local:

   * Assessment and progress forms for each person;
   * Do persons with disabilities participate in mainstream activities, e.g. in meetings, planning and problem identification?
   * The extent to which disabled people themselves feel that the programme has met their objectives, e.g.: 50% of disabled people feel their objectives have been met
     20% of disabled people feel their objectives have been partially met
     30% of disabled people feel their objectives have not been met
   * The various indicators of success as defined by disabled people can be analysed e.g.: receiving appropriate aids/therapies, acquiring employment, participating in community life, contributing to decisions about the CBR programme
   * The same analysis can be made regarding the extent to which the carers of disabled children feel that their objectives have been met.

   District:

   * Number and type of disability in each location (new and on-going)
   * % that have shown - no improvement
     - some improvement
     - great improvement

   National:

   * % of districts in country with active CBR programmes
   * total number of people in programme to date in each type of disability category

II. Community Mobilization:

   Local:

   * Number of volunteers as committee members and on the programme
   * Number and kind of events
   * Cost estimate of contribution,
     - hours volunteer time
     - goods/material/food
     - rent, etc.
   * How accessible are the schools, roads, places of worship within the community?
District:

* Number involved actively in each district
* Approximate monetary value of community contribution
* How involved are persons with disability within existing groups, such as women's groups and youth clubs?

National:

* Funds for the programme
  - % community contribution
  - % government support
  - % external donor
* How multi-sectoral is the "disability question" i.e. are these issues considered in all ministries/sectors of the society or are they only considered under health or the social welfare sector?

III. Opportunity for Education:

Local:

* Number of children in school
  - fully integrated
  - partially integrated
* Percentage of children with access to education, accessibility of schools both in terms of buildings and transportation to get there
* Number who need inclusive education or special provision
* Number of schools with disabled children
* Number dropped out
* Number of schools that are accessible
* Range of educational provision e.g. in the home, non-formal, school based
* How appropriate is the educational provision?
* Degree of community support and/or interest in education
* Effectiveness of parent/teacher organizations, teachers’ support to parents and parents’ involvement in education
* Existence of non-formal and other community education initiatives e.g. integrated play groups, signing groups for deaf children, home based education for teaching activities of daily living
* Existence of child-focused methods, e.g. group work, child participation in lessons
* Evidence of a flexible curriculum e.g. are individual needs addressed
* Existence of disabled teachers in the school
* Presence of classroom materials reflecting a disability perspective e.g. drawings of/by disabled children, posters, curriculum materials with disability component
* Use of flexible teaching methods e.g. Child to Child approach, buddy systems
District:

* Number of children in school since programme started
* % of schools involved
* attitudes of district educational staff to individual needs
* involvement of district educational staff e.g. in organising workshops, community awareness, attendance at workshops, support to individual schools, financial support, help with transportation
* availability of district resource teachers
* district resource centres e.g. Braille
* multi-sectoral collaboration, e.g. from Health for aids and equipment

National:

* % of districts with disabled children in schools
* supportive policy
  - yes
  - in progress
* existence of inclusive education policy
* contribution by disabled persons to policy formation
* disability component in initial and in-service teacher training
* teacher training focusing on child-centred approaches and individual needs
* existence of strategy and resources for the implementation of policy
* presence of a suitable funding base for implementation, including both external sources and government funding

IV. Opportunity for Work:

Local:

* number of people mobilized
  - skill acquisition
  - received loan/equipment
  - get pension
* number working regularly as a result of the programme
* % of those working versus those in need of work
* kinds of work disabled people are doing

District:

* number of people mobilized to obtain income-producing work

National:

* total number of people now working as a result of the programme
* supportive policy
  - yes
  - in progress
V. Transfer skills to Community Level:

Local:

* number of CBRWs trained
* % of drop outs from the programme for CBRWs and Committee members
* disabled person satisfaction and family satisfaction
  - % not satisfied
  - % satisfied
  - % very satisfied
* number of referrals to each:
  - therapist;
  - medical specialist;
  - special school;
  - work assessment.

District:

* ratio of CBRWs to disabled people
* number of referrals
  - number who received some type of service
  - number who did not receive a service

National:

* total number trained
  - CBRWs and Supervisors/TOTs
* referral only

VI. Programme Activities:

Local:

* range and average contact hours made by CBRWs’ visits each month
* number of disabled persons on the waiting lists
* % of CBRWs’ time spent in:
  - adjusting, developing and making technical devices/appliances;
  - direct help - training person, family;
  - community education/prevention;
  - co-ordination network.

District:

* average number of hours/month for CBRWs
* waiting list - total number per district
National:

* number of CBRWs supervised by number of supervisors (ratio)
* average number on waiting list

VII. Involvement of Disabled People

Local:

* number of disabled people
  - working as CBRWs
  - on CBR Committee
* DPO started
  - yes
  - no

District:

* % of each that are disabled
  - CBRWs
  - committee members
  - trainers - for courses, presentations which support the CBR programme

National:

* % of disabled persons in decision making roles (combine all 3 categories from district level)
CHAPTER 4: SELF ASSESSMENT

Gathering monitoring information and making relevant decisions based on it usually involves meetings between CBRWs, supervisors or co-ordinators. Self assessment involves all the people active in the programme. Depending on the level of the self assessment, the meetings can include CBRWs, members of the local or district committees, representatives of programme participants (disabled people and family members), Disabled People's Organizations and government authorities as well as the CBR supervisor or co-ordinator. Self assessment gives all those involved in the CBR activities a chance to stop and systematically look at the monitoring information, think about why the programme is functioning in a certain way and make specific decisions based on the information.

Self assessment meetings are best with a group of less than 15 people. In some cases an outside person can be invited to help facilitate the discussion. They would not be actively involved in the discussion but would help the group stay on target and make concrete plans. The facilitator does not always have to be very familiar with CBR and disability but needs to be a good group leader.

Self assessment meetings usually take place every 3-6 months. These meetings can serve as the practical link between evaluation, decision-making and planning. The meetings will provide a way whereby the participants will appreciate the dynamic link between the three processes. All the monitoring information is reviewed in terms of what is going well and where the problems are. Based on this, plans for the next period of 3-6 months can be made.

Self assessment usually does not need any extra information, for example, from surveys or special interviews. The discussions are based on the monitoring information. Usually people bring summaries of the monitoring information gathered since the last self assessment meeting.

Example:

Every four months the CBRWs in the Torojal CBR programme meet together with the CBR committee members, two disabled people from the programme and the CBR supervisor. One of the activities is to review the progress of each of the disabled people they are working with. Is he or she improving, motivated, is the family helping? Everyone makes suggestions to help each other. Decisions are made about many things including how much longer the volunteer should continue working with each person. Based on this meeting and looking at the monitoring information, the group decides if it is time to take on new programme participants and the direction in which the programme should move.

One of the benefits of self assessment is that it demonstrates to people that they can make decisions. Often CBRWs, community members, and disabled people in the programme do not feel involved in decisions about the programme. Self assessment is one of the first steps in helping people realize that they can make decisions and take responsibility for how the programme is working.
4.1 Self Assessment at the Local Level

A useful way of starting off a self assessment meeting can be to use “progress, problems, and plans” themes or discussion points e.g. you could set up three large sheets of paper or black boards each with one of the following titles:

“PROGRESS” MADE SINCE LAST MEETING  
(practical objectives, activities and time schedule)

“PROBLEMS” and GAP BETWEEN PLANS AND PROGRESS

“PLANS” FOR NEXT 3 MONTHS

What to do next depends on the size of the programme and the number of people involved in the meeting. Sometimes a review of the plans developed from the last self assessment meeting can be of use. If the programme is bigger, people from each project site might have their own paper. Another way of doing it, is to discuss the project by specific activities, for example the progress, problems and plans in community education, working with the school system, prevention activities. Regardless of the structure, each person should present the results of their work and get comments, feedback and suggestions from others at the meeting on their work.

Many people find self assessment meetings helpful and motivating. Others may not be accustomed to speaking in groups and giving opinions about other people’s work or receiving critical suggestions about their own work. In this case a facilitator can be very helpful and after a few self assessment meetings people usually feel more comfortable.

It may help to break into small groups with people who are at the same “level” in the community. CBRWs could be in one group and local committee members and authorities in another. Each group could then work on its own for part of the time.

In self assessment meetings case studies can be discussed, as in the following story of Adama. They can be about a person, a family, or about a village community. They could also be about an event in a programme, an organisation or even a specific period of time.

Adama was a 9 year old boy who could not move by himself and did not seem to react to anything. His arms and legs were in a tight, curled position. Before he came to the CBR play group he stayed in the back room of his parent’s house. After one year of coming to the group, Adama appeared to have made no progress at all. He never smiled or looked at anyone and the exercises had not improved his arms and legs at all. Adama’s mother never stayed with the group - she just put him on a mat and left quickly to go to the market. She returned to get him after she had done all the shopping.
Mohammed, the CBRW, talked about how he worked hard with Adama for two hours each time he came to the group. Now Mohammed was discouraged and wondered if the play group was any good at all.

Discussing a case study in the self assessment meeting can give important programme information. Adama’s story tells us several things.

First, it tells us that children with very severe disability do not always make obvious progress, at least in the play group approach. The “progress” may be more subtle in terms of preventing further deformities or avoiding pressure sores. The case study also suggests that without parents being involved and trying activities at home, the child may not succeed.

Adama’s story does tell one positive thing about the play group. The fact that his mother uses the group as a way to give her “a break” and some time to go to the market is positive even though it may be an unintended outcome of the programme. Adama may not be directly benefitting but his mother and, indirectly, his family are. The important step is to analyse the story and decide what can be learned from it.

The case studies are especially useful when critical or significant events happen. Much can be learned from studying the people dropping out of a programme or those who do not seem to be making progress. Sometimes they can be compared to those who seem to be most successful. An example of this can be a case study of two community meetings, one where only six people came and another where 45 attended. A case study comparison would compare information from both places. Such aspects as how long the programme had been running, the number of participants, and their social and religious background might be examined to see if this helped to explain the difference in response between the two programmes. The case study could also overcome the danger of simply focussing on numbers. By studying the case study we may see that the smaller meeting in fact achieved more.

Another technique that can be used in self assessment is a focus group. This is an interview (lasting usually at least one hour) with a small group of six to eight people on a selected topic. The Focus Group should give people a chance to give their comments and listen to the ideas of others. The objective is not to reach agreement but often discussion in a group ends up with more and different information than separate interviews with the same people. They provide some check as to how well a person’s comments about the programme represent the thinking of the group. Focus groups can be used with programme participants, family members, staff, community leaders, or people from government agencies who are involved in CBR. Usually people with similar backgrounds and roles within the programme are interviewed together rather than mixing everyone. Sometimes a self assessment meeting can break up into 2 or 3 focus groups for a short time and then come back together and share results, or focus groups of different types of people can be organised before the self assessment meeting and the results discussed at the larger meeting.
In nearly all CBR programmes an important topic to discuss is community involvement because changing community attitudes about disability issues and community participation is a common objective. As it is one of the most important objectives, it should be monitored and evaluated. Sometimes during self assessment meetings CBR workers give general comments such as “people are just not interested, I can not seem to motivate people - even the parents don’t do much unless I am there”.

Participants can also discuss related monitoring information such as the number of people that attend community education events or meetings and the local funds raised. Often as the meeting goes along discussing the progress, problems and planning, people tell stories or give examples that indicate how the community is doing. These stories are valuable indicators.

Another important issue to discuss is local coverage - that is how many of the disabled people that you know need help have been involved in the CBR programme. These two stories show how it can be done:

The Koudougou CBRWs had been working for two years when they decided to discuss why they had such a long waiting list. They each talked about how long each disabled person had been in the programme at the self-assessment meeting. The CBR supervisor was surprised to find out that most CBRWs visited each person 3 times a week even after two years in the programme. It seemed that CBRWs had formed very strong relationships with the disabled people and did not want to “drop them”. The problem was that CBR was not expanding to include new people or new areas in their district.

When the Wahun CBR programme started there was a wish to meet the needs of disabled people who did not have any services and to reach out to as many disabled people as possible. After three years an evaluation showed that they had developed a number of very skilful CBR workers, but the programme only covered 100 people. Based on this information the group decided how the programme could expand to meet greater numbers of people.

During the self assessment meetings, someone could write down the major comments and decisions and in addition fill out the three sheets related to the major discussion points.

A short summary of the meetings can become part of the project records and may be very valuable when the time comes to analyse data for a comprehensive evaluation.
4.2 Self Assessment at the District Level

Self assessment at the district level can involve the following persons; district level CBR workers, the CBR co-ordinator, representatives of the Ministries of Health, Education, Labour and Social Welfare and representatives of the Disabled Persons’ Organization.

Self assessment at this level should take place about every three or four months, soon after the community level self assessment meeting.

Example:

At the district self assessment meeting, each supervisor was discussing the types of disabled people receiving help in their communities. When the information was put on the flip chart, the group realized that six CBRWs were only working with children which led to a discussion of whether children should be a priority in their programme. One of these supervisors thought that children under five years were the most important group but others argued against this. They also noticed that none of the local communities had any people with mental illness involved in their CBR activities and discussed the reasons why.

Self assessment meetings can follow the same format used at the local level. The CBR supervisors need to summarize the monitoring information from the CBRWs and local committees in preparation for this meeting. In the meeting, participants discuss this monitoring information and give opinions about the level of motivation and satisfaction of the CBRWs, committee and community. The amount and type of resources available in the local communities to support the programme should also be discussed.

In self-assessment at the local level, often “critical incidents” or “important events” are discussed at the self assessment meeting. These are often unexpected events which can have an impact on the programme or participants. A detailed discussion and analysis of the event is often a good source of evaluation information and a way for the programme to learn valuable lessons about the CBR approach. These critical incidents could be negative or positive events.

Example:

A travelling “eye camp” of specialist doctors came to one of the towns which had an active CBR programme. Run by an international NGO, the eye camp promised that many people would be able to see after surgery and gave all services free of charge. As an incentive to get people to come for screening for eye infections, they also gave each person a grant worth the equivalent of one week's salary.
After the camp moved on to another area, many of the CBR participants wanted money too. They wanted to know why they were expected to raise most of the money for surgery themselves when “other projects” gave it away.

The supervisors realized that, at least, in that community the idea of CBR and community “ownership” were not fully understood or accepted. Three of the supervisors made specific plans to meet with community leaders in that area to discuss community involvement. They also realized that more co-ordination should have been done between the CBR programme and the eye camp organizers. In the future they decided to give an orientation to the concept of CBR to the staff of such programmes and work more closely with them.

One of the important issues to discuss in self-assessment is the degree to which each of the areas or local communities is self-sufficient, that is, how much the community “owns” the project. This can lead to a discussion about whether the communities are self-sufficient enough to decrease support from the CBR supervisor so that he or she can help develop CBR in a new target area. The number and kind of local resources and contributions are important to discuss in terms of self-sufficiency.

Also the level of motivation in the community is important. This might be seen in:

* Recruiting new volunteers or CBRWs;
* Asking for technical support or more training;
* Finding new programme participants;
* Giving informal talks about the programme;
* Patterns of work - do the CBRWs make the minimum number of visits or do they initiate new ideas and take on extra work?

The extent to which disabled people and their families are satisfied with the CBRWs and the kind and quality of CBR activities also helps to show if the programme is self sufficient. Information about the CBRWs’ and CBR committees’ satisfaction with programme activities and management is another issue that can usually be discussed.

4.3 Self Assessment at the National Level

Self assessment at this level is done by the co-ordinator, representatives of relevant ministries, and associations of disabled people. It could be done once every six months.

The same method of using “progress, problems and plans” discussion could be followed as at the other levels. Important issues at the national level are: level of sustainability of communities, ability to replicate into other areas, training needs, and general level of awareness about the CBR concept.

Self assessment also means considering each partners’ contribution in the past months and their ability to contribute in the future (e.g. the donation by the Department of Social...
Welfare of the time of two social workers for a two week training course in a new project area).

In preparation for the self assessment meetings, the co-ordinator will need to summarize the statistical forms which monitor the reports from the district level.

Whilst the analysis is presented in terms of the three levels of analysis, i.e. local, district and national, it is understood that there is on-going interaction between the three. For example, management committee members will share and exchange key information with service users when they meet together.
CHAPTER 5: USING RESULTS

5.1 Using Monitoring and Self Assessment Results in Planning Local CBR Activities

The main purpose of getting monitoring and evaluation information is to use it for making plans to improve the programme.

The following table offers examples of information from monitoring forms or the self assessment meetings and the kinds of decisions that could be made and action taken based on this information. These decisions should be made into objectives for the next three month period.

These are simply examples and may not work in your programme. The decision/action depends on the staff and programme activities.

<table>
<thead>
<tr>
<th>Information</th>
<th>Results</th>
<th>Decision/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of disabled people in the programme</td>
<td>Just 3 new people joined in 4 months but on the waiting list there are 12 more people</td>
<td>CBRW reviews needs of people in the programme to see how to include new people or see those with fewer problems less frequently</td>
</tr>
<tr>
<td>Technical devices given (number/kind)</td>
<td>No hearing aids given Not available locally</td>
<td>CBRW contacts national level referral services for help</td>
</tr>
<tr>
<td>Number of community members attending awareness activities</td>
<td>Only 10 to 12 people attending last two community meetings</td>
<td>CBRWs ask community leaders to help with high profile disability awareness event</td>
</tr>
<tr>
<td>Number and kind of referrals made</td>
<td>2 referrals to district hospital physio. 1 for voc. training. 15 referrals at last meeting</td>
<td>Supervisor conducts 1 day refresher training on referral services for all CBRWs</td>
</tr>
<tr>
<td>Attitude of families</td>
<td>Discussed families who expect CBRW to do all the work</td>
<td>Representative of CBR committee meets with families</td>
</tr>
<tr>
<td>Number of requests for help/service</td>
<td>30 families and disabled people are on waiting list</td>
<td>Based on supervisor’s recommendation CBR committee finds two new CBRWs</td>
</tr>
<tr>
<td>Amount and kind of contribution</td>
<td>Many in-kind contributions received from local businesses</td>
<td>CBRWs develop this approach and plan to visit other local business leaders</td>
</tr>
<tr>
<td>Amount and kind of contribution</td>
<td>US$ 1,000.- given by local NGO</td>
<td>CBR committee creates fund for income generation, sets criteria for giving out money</td>
</tr>
</tbody>
</table>
5.2 Using Monitoring and Self Assessment Results for Planning CBR at the District Level

A key feature of evaluation is using the information in programme planning. Below are some examples of how this could be done at the district level.

<table>
<thead>
<tr>
<th>Information</th>
<th>Findings</th>
<th>Decisions/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of self-sufficiency of CBR Committees</td>
<td>50% of the local CBR committees can run with little or no help</td>
<td>Based on recommendations of national co-ordinator, supervisors decide to start awareness activities in new communities</td>
</tr>
<tr>
<td>Kind of technical support needed by CBRWs</td>
<td>6 local committees report that CBRWs have trouble working with children with cerebral palsy</td>
<td>Supervisors decide to organize 5 day training with help from physio services</td>
</tr>
<tr>
<td>Use of referral services</td>
<td>4 CBRWs report that disabled people were not accepted at the vocational training centre</td>
<td>Supervisors decide to have meeting with heads of vocational centre and to invite reps. from disabled people's organization</td>
</tr>
<tr>
<td>Number of children in need of educational opportunity</td>
<td>About 32 children need basic education</td>
<td>Supervisors decide to organize meeting with programme partners (head teachers of regular and special schools, disabled people's association and parents) to discuss strategy needed</td>
</tr>
</tbody>
</table>
### 5.3 Using Monitoring and Self Assessment Results in Planning CBR at the National Level

<table>
<thead>
<tr>
<th>Information</th>
<th>Findings</th>
<th>Action/Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of local coverage</td>
<td>70% of people first identified in the pilot region have been involved in activities</td>
<td>Co-ordinator with the support of Ministry of Health and Social Welfare and donors decide to expand activities into 2 new regions</td>
</tr>
<tr>
<td>Competence of CBRWs</td>
<td>There is no information about the competence and motivation of CBRWs</td>
<td>Co-ordinator decides to ask supervisors to work out system to get regular information about competence</td>
</tr>
<tr>
<td>Resources mobilized</td>
<td>Potential donors are not aware about disability issues and are not supportive of CBR</td>
<td>Co-ordinator decides to make short video to use in promoting the programme</td>
</tr>
<tr>
<td>Resources mobilized</td>
<td>Some supervisors report that sports events with disabled people bring in a lot of money for local committees</td>
<td>Co-ordinator decides to give this information to other supervisors and to train local committees about this</td>
</tr>
<tr>
<td>Number and kind of groups introduced to CBR</td>
<td>Workshop to introduce CBR to teachers of social workers was received enthusiastically and given good evaluation</td>
<td>Co-ordinator decides to organize a similar workshop with teachers of nurses</td>
</tr>
<tr>
<td>Cost of programme activities (cost analysis)</td>
<td>Training costs are too high compared to number of people who received support</td>
<td>Co-ordinator decides to ask supervisors to focus on expanding field activities for the next three months</td>
</tr>
</tbody>
</table>
REFERENCES

While there are numerous books on evaluation in general and detailed methodology, the books and articles listed below are those which could be most helpful to a CBR co-ordinator or manager.


Excellent analysis of how best to combine the roles of being a practitioner and attempting to evaluate the effectiveness of the work.


Analyses whether detailed objectives are an essential part of a programme's success.


Useful book concerning how to carry out an evaluation of a project.


The author, previously a major supporter of a statistical model of evaluation, advocates more qualitative approaches.


This paper illustrates one way of using the monitoring forms in the WHO materials as part of a programme evaluation.


This is one of the most accessible and useful references in the field of evaluation. It is available from TALC, (Teaching Aids at Low Cost), PO Box 49, St Albans, Herts, AL1 5TX, UK.


Very clear introduction to important issues in evaluation.

_The Guide for Local Supervisors has a number of valuable forms for monitoring and evaluation._


_Ture Jonsson has produced a detailed and systematic approach to evaluation that is based on the WHO Manual. The booklet includes a user-friendly computer disk to allow easy analysis of data._


_This article describes specific strategies to increase the rigor of qualitative research._


_Detailed analysis of the effectiveness of Primary Health Care projects._


_This is one of the most comprehensive and yet accessible books on qualitative research and evaluation. It covers concepts as well as design, information gathering, and analysis, interpretation and reporting. It is filled with examples from education, social services and development projects and gives a number of practical suggestions. It is part of a larger collection of monographs on evaluation, most of which are very useful._


_This is one of 20 manuals about CBR written for field workers and trainers. It contains learning activities, case examples and illustrations._


_A useful resource using case examples to illustrate the merits of qualitative research especially its strengths as compared to quantitative methods._


_This is a very valuable position paper which presents a common view of what Community Based Rehabilitation is in theory and practice._
Roles and Tasks

Roles and tasks are one way of structuring an evaluation of programme workers and CBR committees. The roles and tasks listed are examples only and may not fit your project activities and should not be seen as “the right roles”.

(1) Role and Tasks of CBRW

A. Assist disabled people and their families to assess their own needs and progress

B. Give simple non-professional help and advice to people with disability about daily life
   (a) identify disabled people in their community
   (b) assess needs of disabled person and his/her family
   (c) develop plans about how to help
   (d) fill out monitoring forms or reports on each person’s progress
   (e) go to specialist for technical support
   (f) help disabled people integrate into community e.g. go to school, get job, promoting physical accessibility to building

C. Make referral to appropriate specialist person or agency

   Help disabled person make use of existing specialist services (medical, special schools, etc.) by giving them information, accompanying on a visit

D. Carry out community education activities such as child to child, street theatre, etc.

   Perform the community education activity such as holding community meetings, distributing posters, presentation of plays at national day celebration.

Note: In these Guidelines the management is done by the CBR committee who are responsible for all development and management of activities. In some other programmes, the CBR committee are less active on a day to day basis and have a larger role in fund raising. The roles and tasks need to be adapted depending on your own programme.
(2) Role and Tasks of CBR Committee

A. Managing the development and operations of the CBR programme

(a) organize and give community talks about CBR
(b) choose volunteers based on their level of motivation, experience, interest, etc.
(c) meet regularly with volunteers to supervise and motivate
(d) keep account of finances
(e) review monitoring information about CBR activities and develop long and short term plans

B. Awareness activities about disability issues and the CBR programme

(a) identify the local community knowledge and attitudes about disability issues
(b) identify priority topics in which community needs education and motivation
(c) develop specific activities to meet these needs
(d) support volunteers in trying to integrate disabled people in the community, e.g. school system, work

C. Mobilizing resources (funding and finding other kinds of resources)

(a) identify influential community leaders who may provide financial or material support
(b) organize household contribution campaign
(c) decide on how to use the funds collected e.g. volunteer incentives, direct support for disabled family, start income generation project

(3) Role and Tasks of CBR Supervisor

A. Identify the local disability needs and introduce the idea of CBR to the community

(a) meet with local authority about starting a CBR programme and examine possible activities
(b) meet with community leaders e.g. head of local business association, church or mosque leaders, school principal
(c) carry out community needs survey e.g. community meeting, survey

B. Train CBRWs and members of the committee

(a) train community leaders and help community leaders to organize community talks about disability issues
(b) train CBRWs in CBR concept and simple strategies for helping disabled people

C. **Give technical advice and support to CBRWs and committee members**

(a) monitor committee members and CBRWs to see if they require more training or help
(b) organize regular motivational activities

D. **Identify local referral services and train CBRWs in their appropriate use**

(a) meet with all local government agencies to find out what services they offer to disabled people and their families.
(b) meet with private providers of specialized services e.g. private practice doctors and therapists, NGOs running homes for disabled children, skill training programmes.
(c) train CBRWs about the referral services, when they are needed and who should make the referral.

(4) **Role and Tasks of the Co-ordinator**

A. **Manage the CBR programme including planning, implementation and evaluation**

(a) identify training needs and resources at the district and national level and conduct training in some areas
(b) supervise and assist CBR supervisors at district level
(c) make major strategy-related decisions
(d) ensure monitoring and evaluation procedures followed and regularly make summary and analysis of relevant programme data
(e) oversee financial accountability

B. **Promote the concept of CBR in all relevant areas of government and other agencies**

(a) advocate for CBR concept into higher education curricula e.g. nursing, medicine, education
(b) raise awareness of decision-makers about disability issues
(c) raise awareness in media

C. **Advocate for more resources for disability issues from government**

(a) organize fund-raising events
(b) advocate for more government allocation
(c) work with funding partners
Examples of Information Gathered at Local, District and National Level

The following ideas are presented as examples of ways in which data can be gathered on each level. It is understood that each organisation may then select what is relevant and realistic for their own situation.

The following sample survey forms are simply included as examples. You would need to adapt them to your own programme or develop others which meet your own particular needs.

(1) Pre-Training Questionnaire for CBRWs

Introduction:

The following questionnaire could be given to CBRWs at the outset of their training. They could complete it as part of one of their training sessions. The District co-ordinators would then summarize the information and send it to the National co-ordinator.

(a) What was your motivation for participating in the programme?
(b) What will be your major activities in the CBR programme?
(c) What kind of contact have you had with persons with disabilities?
(d) What is your professional/educational background? (Teacher, Health Worker, Volunteer, etc.)

(2) Post Training Interview of CBRWs

Introduction:

The following questionnaire could be completed by CBRWs after the training and after they have worked in the field for a few months. The District co-ordinators would then summarize the information and send it to the National co-ordinator.

(a) What have you gained out of the CBR experience?
(b) How frequently did you visit the home and what did you do on these visits?
(c) How do you think you made a change in:

(i) the individual(s) with whom you were working
(ii) the family of the disabled person
(iii) the wider community
(d) How well did the CBR training programme prepare you for your work with persons with disabilities (PWDs) and their families? What areas do you need more training in?

(e) What do you feel is the most important aspect of the CBR training?

(f) Are there any areas that you feel should have been covered but were not? Please describe.

(3) Checklist for Field Visit to Schools

Introduction:

The evaluator would be asked to visit a number of schools where disabled children are integrated to observe the effectiveness of the integration.

(a) Name of child
(b) Name of parents
(c) Address
(d) Name of school
(e) School policy on individual needs
(f) Nature of child's disability
(g) Brief history of child's integration:

- how old when started school
- who referred the child to the school

Observation of child in the class:

- how well was the child able to follow the content of the lesson:
- what adaptations, if any, were made to adapt the lesson to the child's special needs?
- what level of interaction was there with the other children in the class?
- what relationship is the nature of the child-teacher relationship and the child-child relationship in the class?

Observation of the class teacher:

- how confident does the class teacher appear to be in dealing with the disabled child?
- what degree of flexibility is seen in terms of teaching methods used?
- what degree of awareness does the teacher have of the child's individual needs?
- what degree of awareness does the teacher have of the child's home situation?
- is the teacher interactive, supportive, responsive to the child regardless of his/her ability?
After-school contacts for the child with a disability:

- does the disabled child in the class have as many friends as their other classmates?

(4) Chart to Assess the Progress of a Disabled Child in the Regular Classroom

The following is taken from the Progress Chart for integration in “OMAR in Rehabilitation” (Jonsson, 1995), page #51. As suggested in OMAR, the checklist can be administered every six months to assess the progress made by a disabled child in the regular school. The checklist can be completed by the CBRW in consultation with the class teacher. Each six months the CBRW can summarize this data and send it to the District co-ordinator.

Name of child:

Date:

- comes to school regularly
- keeps up with other children in class
- understands what you say
- communicates with you
- is accepted by classmates
- does not disturb the class
- plays with other children
- takes part in other school activities

Yes/No
Yes/No
Yes/No
Yes/No
Yes/No
Yes/No
Yes/No
Yes/No

Any other comments:

(5) Guideline for Family Interview

Introduction:

It is suggested that the CBRW complete this interview with the family. The completed interviews can be sent to the District Co-ordinators who will be asked to summarize the data.

(a) What help have you received for the person with a disability (PWD) to date?
(b) How have you helped the PWD in your family? What else would you like to do?
(c) Is the PWD participating in the daily life of the family?
(d) What responsibilities/roles does the PWD have in the family?
(e) What do you think the PWD will be doing five years from now?
(f) Have you noticed any changes in the PWD over the past six months?
(g) If you need help, who helps you with the PWD; your partner, friends, family who live outside the home, neighbour etc.?
(h) What could the community do to help the PWD?
(i) Have you met other family members of PWDs? If so, how helpful has this been?

(6) Family Post Training Interview

Introduction:

It is suggested that the CBRW complete this interview with the family. The completed interviews can be sent to the District Co-ordinators who will be asked to summarize the data.

(a) As a result of the training received from the CBR programme, what changes, if any, do you see in:

   (i) the person with a disability (PWD)
   (ii) neighbours, friends and the wider community
   (iii) yourself

(b) What role do you feel you played in the training of the PWD?
(c) What sorts of things did you learn from the programme?
(d) Did you get help from other sources over the course of the programme? If so, what were they and how helpful were they?
(e) Have your ideas changed at all concerning what the PWD is capable of doing?
(f) Have there been any changes in your relationship with the PWD as a result of the programme?
(g) Is the PWD any more involved in decision-making within the family as a result of the programme?
(h) Have you met other parents of PWDs over the past year? If so, how helpful was this?
(i) Have any parents groups been formed as a result of the programme?
(j) How could other members of the family help with the PWD?
(k) How do you see the future of the PWD?
(l) How would you rate the programme:

   (i) not at all helpful
   (ii) quite helpful
   (iii) very helpful

(m) Is there anything else you would like to add?
(7) **Questionnaire for Members of the Community**

**Introduction:**

It is suggested that the CBRW distribute this questionnaire to members from the community. The completed questionnaires can be sent to the District Co-ordinators who will be asked to summarize the data for the National Co-ordinator.

The same questionnaire can be used on a before and after basis with a random sample of members of the general public (in the CBR project area) to gauge any changes in the views of the wider community towards persons with disabilities.

(a) Can you tell me about any disabled person you know in the community? What kinds of problems do they have?
(b) If you know any disabled people what role do they play in the community?
(c) Do you have any contacts or social activities with PWDs?
(d) Do you think that persons with disabilities can attend regular schools?
(e) What sort of work do you think it is possible for persons with disability to perform?

(8) **Questionnaire for Disabled Persons’ Organizations**

**Introduction:**

It is suggested that the CBRW distribute this questionnaire to the Disabled Persons’ Organization. The completed questionnaires can be sent to the District Co-ordinators who will be asked to summarize the data for the National Co-ordinator.

(a) What are the greatest needs faced by disabled persons in your region?
(b) What do you feel the CBR programme has done to respond to those needs?
(c) Was the Disabled Persons’ Organization (DPO) organized as a response to the CBR programme or did it exist before the CBR programme began?
(d) What is the relationship between the CBR programme and your DPO?
(e) In what ways has your organization been assisted by the CBR programme?
(f) In what ways have you assisted or contributed to the CBR programme?
(g) What changes could be introduced to make the CBR programme more effective in your region?

(9) **Report by National CBR Co-ordinator**

**I. National Policy and Support of Ministries:**

(a) Have CBR curriculum guidelines or educational materials been included in the training programmes of teachers, health workers and social workers?
(b) Has CBR been mentioned in the National Plan of Action or reports of the Ministry of Health and Education? How many times? In what capacity?

(c) What support, if any, have government ministries given to CBR programmes, e.g.:

(i) in terms of support to training sessions, e.g. ministry grants, release to attend courses
(ii) are CBR duties listed as part of the job description of government workers?
(iii) is there any budget allocation by the ministries for CBR activities? What percentage is this out of the total budget of the Ministry?
(iv) are there any high-level inter-ministry meetings to discuss CBR?

(d) Have there been any government-sponsored awareness programmes concerning disability? What kind of activity was held and what was the awareness message?

(e) Have there been any changes in policy, legislation or government priorities as a result of the CBR programme? Example: is there any policy which helps facilitate access in schools? or, is there any policy which enables persons with disabilities (PWDs) to take advantage of work opportunities?

(f) Describe any way of monitoring if the policy is being implemented? Are there cases where it has not?

II. Administration of the Programme:

(a) Has a National CBR Committee been created? Which ministries and agencies are represented? How often has the committee met? What level of personnel attend?

III. Stimulus to Parent and Disability Groups:

(a) Have any advocacy groups, Disabled Persons' Organizations or Parents' Associations been created and, if so, what role do they play in relation to the CBR programme?

IV. Community Development:

(a) Are there examples of the CBR programme providing benefits to non-disabled persons?

(b) Has the CBR programme strengthened the existing infrastructure in any way, e.g. have the PHC workers increased their level of commitment to their work?

(c) Have any other community groups requested training from the CBR teams?

(d) Are there examples of the CBR programme taking on a wider development role within the community?

(e) Are there any examples of a two way pattern of referral being established, i.e. CBR programme referring persons to the professionals and vice versa?
V. **Fund Raising:**

(a) Has the programme obtained funds locally or is it totally dependent on external funds?

(b) What sorts of support has the programme mobilized? Example: use of community buildings, contribution of time by volunteers, donation of materials etc.

VI. **Monitoring and Evaluation:**

(a) Has a clear system been put in place to monitor the programme in terms of analysing the level of satisfaction of those involved, the appropriate use of resources and the way in which information is reported? Describe.

(10) **Checklist of Types of Information for Monitoring and Self-Assessment**

The following data can be collected at the local level. These data will then be sent to the District level for analysis.

<table>
<thead>
<tr>
<th>Local Level</th>
<th>Purpose</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Pre-training questionnaire for CBRW</td>
<td>Assess motivation and expectations</td>
<td>Before training</td>
</tr>
<tr>
<td>(b) Post-training questionnaire for CBRW</td>
<td>Assess impact of training on PWD, family, community</td>
<td>On-going</td>
</tr>
<tr>
<td>(c) Observation of activities of CBRW</td>
<td>Assess confidence, rapport, skill of CBRW</td>
<td>On-going</td>
</tr>
<tr>
<td>(d) Assessment of children integrated into schools</td>
<td>Number integrated, nature of disabilities, effectiveness of integration</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>(e) Pre-training interview of families</td>
<td>Assess expectations, effectiveness of present situation</td>
<td>Before training</td>
</tr>
<tr>
<td>(f) Post-training interview of families</td>
<td>Assess perceived changes in PWD, self and community</td>
<td>After training</td>
</tr>
<tr>
<td>(g) Attitudes in the community questionnaire</td>
<td>Assess knowledge and expectations of persons in the community</td>
<td>Before training</td>
</tr>
<tr>
<td>(h) CBRW quarterly report</td>
<td>Assess needs of programme, support given, problems encountered, assess progress</td>
<td>Quarterly</td>
</tr>
<tr>
<td>(i) Individual PWD progress forms</td>
<td>Provide baseline data and assess progress</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
**District Level:**

The data collected at the local level can be sent to the district level for analysis at the following periods:

(a) **Before training commences**

- Pre-Training Questionnaire of CBRW  
  (summary of: motivation and expectations)
- Pre-Training Interview of family members of PWD  
  (summary of: hopes and assessment of present situation)
- Attitudes within the Community Questionnaire  
  (summary of: knowledge and views)
- Individual PWD Progress Forms  
  (summary of: progress in daily living activities to provide a baseline).

(b) **On a quarterly basis**

- CBRW quarterly report  
  (summary of: # involved, support and aids supplied, use of referral services, community education, advocacy, mobilisation of resources and problems encountered)
- Observations of CBRW activities  
  (summary of: confidence, rapport and skill of CBRW)
- Individual PWD Progress Forms  
  (summary of: progress in daily living activities)

(c) **Every six months**

- Progress of disabled children in the regular school  
  (summary of: attendance, coping with school work, understanding and communicating with others, acceptance by peers and social interaction).

(d) **After 12 months**

- Post Training Questionnaire for CBRW  
  (summary of: effect of training on CBRW)
- Post Training Interview of family members of PWD  
  (summary of: changes in PWD, family and community)
- Attitudes within the Community Questionnaire  
  (summary of: what community members feel PWDs are capable of)

**National Level:**

The District Level will analyse the fore-going data and present a synopsis of it to the National Level for compilation and evaluation. The material will be used as the basis of the bi-annual Self Assessment meetings. The material should therefore be submitted before
these meetings to allow time for analysis by the National Co-ordinator. This will include the following:

(a) **At the end of six months**

- Pre Training interview of CBRW
- Pre Training interview of families
- Attitudes in the Community
- Individual PWD Progress Forms
- Observations of CBRW activities
- Assessment of children integrated into regular schools
- CBRW Reports

To help clarify the above issues the National Co-ordinator will be asked to complete the “National CBR Co-ordinators Report” each six months. A summary of the issues emerging from the Self Assessment Meetings could be fed back to the CBRWs through a National CBR Newsletter or at regional meetings.

(b) **After 12 months**

- Post training interview of CBRW
- Post training interview of families
- Attitudes in the Community
- Individual PWD Progress Forms
- Observations of CBRW activities
- Assessment of children integrated into regular schools
- CBR Reports

(c) **Subsequent six month periods**

The same approach will be adopted at each of the six monthly Self Assessment Meetings. In these meetings the analysis from the Districts of the following data will provide the nucleus for the discussions:

- Individual PWD Progress Forms
- Observations of CBRW activities
- Assessment of children integrated into regular schools
- CBR Reports
(11) Example of Community Rehabilitation Workers’ Quarterly Report

Name of CBRW:

Month/Year:

Name of community:

1. Participation:

<table>
<thead>
<tr>
<th>People Participating in the Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number from previous month</td>
</tr>
<tr>
<td>New people</td>
</tr>
<tr>
<td>People leaving the programme</td>
</tr>
<tr>
<td>Total:</td>
</tr>
</tbody>
</table>

2. Technical Devices:

<table>
<thead>
<tr>
<th>Kind of Technical Device</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td></td>
</tr>
<tr>
<td>Daily living, eating, sitting</td>
<td></td>
</tr>
<tr>
<td>Work adapted tools</td>
<td></td>
</tr>
<tr>
<td>Sensory: Hearing Aids</td>
<td></td>
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<tr>
<td>Eye glasses</td>
<td></td>
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<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>

3. Support Given:

<table>
<thead>
<tr>
<th>Direct Support from CBRW</th>
<th>Referral made to Special Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence, daily living</td>
<td></td>
</tr>
<tr>
<td>Technical aid</td>
<td></td>
</tr>
<tr>
<td>Educational activities (e.g. meeting school teachers, family awareness)</td>
<td></td>
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<tr>
<td>Vocational training</td>
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<tr>
<td>Income generation</td>
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<tr>
<td>Health activities (e.g. medication, surgery)</td>
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<tr>
<td>Physical exercises</td>
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<tr>
<td>Motivation/personal support</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
</tr>
</tbody>
</table>
4. **Number of Disabled People According to Disability, Type, Age and Sex**

<table>
<thead>
<tr>
<th>Nature of Disability</th>
<th>0-4 years M</th>
<th>0-4 years F</th>
<th>5-14 years M</th>
<th>5-14 years F</th>
<th>15-49 years M</th>
<th>15-49 years F</th>
<th>+50 years M</th>
<th>+50 years F</th>
<th>Total M</th>
<th>Total F</th>
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<tbody>
<tr>
<td>Difficulty seeing</td>
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<tr>
<td>Difficulty hearing and speaking</td>
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<tr>
<td>No feeling in hands or feet</td>
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<tr>
<td>Strange Behaviour</td>
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<td>Fits</td>
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<tr>
<td>Difficulty Learning</td>
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<td>Epilepsy</td>
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<td>Other difficulty</td>
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<tr>
<td>Have more than one difficulty</td>
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<td>Total:</td>
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</table>

5. **Collaboration with referral services (e.g. support, feedback from specific services)**

6. **Community education activities**

7. **Advocacy activities**

8. **Mobilisation of resources**

9. **Problems in your work and suggestions to improve it**

10. **General comments on the situation (what has been achieved, what will be done next?)**
ANNEX III

International Disability Consortium Members (IDC)

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(8) La Nostra Famiglia, Organismo di Volontariato per la Cooperazione Internazionale, Vio della Bonta 7, I-33078 San Vito ai Tagliamento (TN), Italy
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