

## Editorial

The Global Disability Action Plan (2014-2021) of World Health Organisation calls for the strengthening of community-based rehabilitation (CBR) through monitoring and evaluation. The subject of CBR evaluation has been under discussion and debate since the early 1990s and the need for indicators to measure the effectiveness of CBR programmes has been well documented since then. In the last few years, interest in CBR evaluation and indicators gained fresh impetus with the publication of the CBR Guidelines.

One of the difficulties with CBR evaluation is the development of indicators that are applicable and acceptable to the wide range of stakeholders involved in implementation in various countries, who may have differing programme philosophies and aims, along with different structure and organization of activities. In the early years, CBR tended to be poorly defined, leading to widely varying understanding and interpretation of its aims and activities. Much of the early efforts on monitoring and evaluation also tended to be based on individual donor priorities. Health programmes like malaria or TB control that are implemented in the same way in different parts of the world can use the same set of indicators in evaluation, enabling comparison between programmes. In the case of CBR however, this may not be easily achieved because CBR is multi-dimensional, multi-sectoral, culture-dependent and involves multiple stakeholders.

The CBR Guidelines have helped substantially to move towards a more unified understanding of CBR concepts and practice, guided by the principles of the UN CRPD. CBR has 'come of age' now, and with this, there are calls for more 'standardised' ways of evaluating CBR in order to prove its effectiveness, improve implementation on the ground and convince policy makers and donors about the need for continued support for such programmes.

Over the last 2-3 years, different groups have come out with frameworks for monitoring and evaluation of CBR, based on the framework of the CBR Matrix.

The Monitoring Manual and Menu (MM&M) from the University of Sydney, Australia, provide information on how to develop or improve monitoring. The Menu contains information items organised into four broad groups: Person - personal profile and history, functioning and disability, environmental factors, and outcomes; Organisation - purpose, structure and strategy, resources, environment, and outcomes; Activities - what is done, and outcomes; and Workforce - personal profile of staff, knowledge and skills, responsibilities and

tasks, training undertaken, and quality of performance. (<https://sydney.edu.au/health-sciences/cdrp/cbr-monitoring-menu.pdf>)

Participatory Inclusion Evaluation (PIE) is developed by the Institute for Global Health, University College London; Enablement, Netherlands; and KIT Royal Tropical Institute, Netherlands, as a new participatory approach for evaluating outcomes and impact of CBR. PIE provides a 'structured but flexible' approach for collecting and analysing information about the changes that CBR has made on the lives of people with disabilities. The toolkit includes a range of tools: supports the whole evaluation process from planning; data collection to data analysis, validation and report writing. The PIE approach defines individuals and groups of players that are to be included in the impact evaluation: the CBR core team, (the team of people directly involved with the CBR programme); people with disabilities and their families/carers; and the network of strategic partners who are service providers or other organisations and groups working closely with the CBR Core team or other key community stakeholders. ([www.ucl.ac.uk/igh/research/a-z/related-docs-images/pie/handbook](http://www.ucl.ac.uk/igh/research/a-z/related-docs-images/pie/handbook))

The WHO CBR Indicators manual contains outcome indicators to capture the situation of people with disability who live in a community where CBR is implemented. It provides a simple guide to selecting appropriate indicators and collecting the relevant data. Additional information is also provided on how to manage this data, including calculating percentages, displaying results and generating meaningful conclusions. This manual is meant to standardize the monitoring of the situation of people with disability and their families, making it possible to track change over time and compare the difference CBR makes across areas and countries. ([www.who.int/disabilities/cbr/cbr\\_indicators\\_manual/en/](http://www.who.int/disabilities/cbr/cbr_indicators_manual/en/))

From programme implementers' point of view, today there is a range of options available to guide monitoring and evaluation, including lists of indicators and toolkits. While this is advantageous in many ways, it can also lead some confusion on what option to choose. For implementers, it is important to consider that monitoring and evaluation need to be related to the aims of their programme and be able to measure the change brought about by their work. From the available frameworks, tools and indicators, implementers need to choose options that are most relevant and applicable to their own programme aims and activities.

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