

REVIEWING CBR – INTERNATIONAL CONSULTATION, OCTOBER 2002
Back-ground Papers
Analysis of Evaluation Reports of Six CBR Projects

Introduction:

Evaluation reports from six CBR projects in six countries were analysed through a number of standard key elements. Of the six countries considered in this review, four are in Asia (Vietnam, Indonesia, Nepal & Afghanistan), one in Middle east (Palestine) and one in South America (Guyana).

The key elements selected for this analysis were the following:

- National policy and legislation on disability
- Organizations/Governmental sectors promoting CBR
- Development of referral level rehabilitation services
- Functioning of the referral system
- Kinds of disabilities covered in CBR projects
- Community integration
- Awareness in the community about disability issues
- Accessibility to education, work, etc.
- Appropriateness of CBR workers to the communities
- Use of appropriate technology
- Use of local community resources
- Local fund-raising for CBR
- Involvement of persons with disability in different phases of CBR
- Information and skills sharing with families and communities
- Involvement of families & community members in CBR
- Involvement of local NGOs, DPOs, associations in CBR
- Involvement of local professionals in CBR

Limitation of the review: This review is based on evaluations, already carried out by different persons, in different periods of times, with very different terms of references and in projects which, differ greatly in terms of management structures, role of NGOs, role of governments, etc. Thus, the quantity of information and the quality of data provided in different reports are very different. Analysing reports on the basis of some key elements, which have not been discussed in advance with project managers and evaluators, is very difficult. Thus this analysis should be taken as an indication of general trends rather than as specific judgements on individual projects.

Brief information about the six CBR Projects

Afghanistan CBR Project: Comprehensive Disabled Afghans' Project (CDAP) started in 1995, is a continuation of two earlier projects. It brings together different UN agencies (UNDP, UNESCO, ILO, WHO), national NGO and community groups and international NGOs (SCA, SERVE, CHA, Radda Barnen, IAM, etc.). The project has been extended in different areas in the four regions of country. The evaluation was carried out in 1996.

Palestine CBR Project: This project initiated in 1990 by a consortium of 17 NGOs and has four regional programmes. Two international NGOs (NAD and Diakonia) support the

project, and it is organized in four regional programmes. The evaluation was carried out in 1996.

Guyana CBR Project: The project initiated in 1986 through community grass-roots groups and has gradually developed to cover areas in four regions of the country. The project collaborates with Government structures. The project is supported by an international NGO (AIFO). The evaluation was carried out in 1996.

Indonesia CBR Project: This project initiated in 1995 with an agreement between Ministry of Health and an international NGO (AIFO) with technical support from WHO. The project covers a pilot area of three districts in S. Sulawesi province. The evaluation was carried out in 1998.

Nepal CBR Project: The project was started in 1991 after an agreement between a national NGO (NDA) and two international NGOs (NHR and SHIA) for initiating CBR in some areas of Kathmandu and Danusha districts and for starting a vocational training centre. The evaluation was carried out in 1998.

Vietnam CBR Project: The project started in 1992, after an agreement between a national NGO (VINAREHA) and an international NGO (AIFO) with technical support from WHO. The project covers five pilot districts in north of Vietnam. The evaluation was carried out in 1997.

Main findings of the review: The key elements used for reviewing the different evaluation reports have been grouped together in four categories – national policy & legislation; referral services; general aspects of CBR; and, participation.

I. National policy and legislation:

I.A National policy and legislation on disability:

Five countries (Palestine, Guyana, Indonesia, Nepal and Vietnam) have a national policy document and legislation on disability. In one country (Afghanistan) there is no national policy document on disability. Even where adequate policies and laws do exist, there may still be a significant gap between the intentions of policies and laws and their effective implementation.

I.B Organizations/Governmental sectors promoting CBR

Three projects (Palestine, Guyana and Nepal) have been promoted and managed by national NGOs, out of which, two (Palestine & Guyana) receive support and collaboration from governmental structures and ministries. Only one project does not seem to have many links with the government (Nepal).

Another project (Vietnam) has been promoted by the Government but it is managed by a national NGO (VINAREHA). The project has strong links with governmental structures and personnel.

In one project (Afghanistan), the governmental authorities promoted the CBR project, but it is managed by a group of NGOs and the governmental involvement is weak.

Finally, in Indonesia the Government (Ministry of Health) manages the CBR project. It also involves personnel from education and social welfare ministries. This project also collaborates with a few national NGOs.

II. Referral Services:

II.A Development of referral rehabilitation services:

Availability of specialized rehabilitation personnel and of appropriate rehabilitation institutions at different levels (national, provincial, district and sub-district) is necessary for supporting the CBR activities. The review of evaluation reports shows presence of good rehabilitation services at various levels in only one country (Vietnam). In four countries (Afghanistan, Palestine, Indonesia and Guyana) there are some referral rehabilitation services, but not at all the different levels. Finally the referral services were considered to be very weak in Nepal.

II.B Functioning of referral systems:

Having good rehabilitation services at different levels is not sufficient to guarantee support to the CBR programme unless clear links are made between the two and a system of referrals is organized. A good referral system for the CBR project requires that CBR workers can send disabled persons needing specialist support to the nearest existing structure and that they also receive some essential feed-back from the referral system. The evaluations show the presence of a good and functioning referral system support to the CBR in only one project (Vietnam). In two others (Afghanistan and Palestine) it was considered satisfactory. In two projects (Guyana and Indonesia) the referral system support was irregular and weak. Finally, in one project (Nepal) there was no support from any referral services.

III. General aspects of CBR:

III.A Kinds of disabilities covered by the CBR projects:

In principle, all the six projects reviewed work with all kinds of disabilities though in reality, in all the CBR projects, persons with physical disabilities seem to benefit most.

III.B Community integration of disabled persons:

In all the six CBR projects, it is reported that all disabled persons live in their communities, with their families. Given the target group of CBR programmes, it is unlikely that an evaluation of a CBR project would cover the situation of disabled persons living in any existing institutions. So this information is of limited use in analysing the level of community integration of disabled persons in the six project areas.

III.C Level of community awareness in the community about disability issues:

In three projects (Palestine, Afghanistan and Guyana), the level of community awareness was found to be very good while in one project (Indonesia) it was found to be

satisfactory. In the remaining two projects (Nepal and Vietnam), it was found to be very low.

III.D Accessibility to education and work for persons with disability:

A good CBR programme should promote multi-sectoral approach involving all sectors like health, education and work, so that the different needs of disabled persons can be met. From the different evaluation reports this emerges as one of the most critical areas requiring strengthening. Thus three projects (Afghanistan, Guyana & Indonesia) were found to have some activities for promoting multi-sectoral approach. In three projects (Palestine and Vietnam) the multi-sectoral collaboration was found to be weak. While in one project (Nepal), the multi-sectoral activities were completely absent.

III.E Appropriateness of CBR workers to the local communities:

To be able to relate better to the local community needs, it is felt that CBR workers should belong to the local communities, possibly living in the same community where they work. In four projects (Nepal, Afghanistan, Palestine and Guyana), almost all the CBR workers lived in the communities where they worked. In one project (Indonesia) a significant number of CBR workers lived in the local communities. In only one project (Vietnam), most of CBR workers were not living in the communities where they worked.

III.F Use of appropriate technology:

The CBR approach is based on use of existing local potentials and resources. Thus use of locally available materials and skills, which are locally affordable and acceptable, is important for sustainability and continuity of activities. For example, for production and repair of simple mobility aids, CBR projects can involve and train the local craftsmen. The evaluations show this as another critical aspect of these six CBR projects. Thus while in two projects (Vietnam and Guyana) there was attention to use of appropriate technology, in the remaining four projects, there was not adequate attention towards the use of appropriate technology.

III.G Use of local community resources in the CBR:

For any CBR project, the issues of sustainability and continuity are clearly linked to community ownership and its participation in the CBR activities. It seems that in all six projects, the local communities provided moderate level of local contributions to the CBR activities.

III.H Local Fund-raising for CBR activities:

Local fund-raising done by CBR groups and committees can be from existing governmental funds, from local and national assistance organizations, from the local community leaders, etc. Local fund-raising capacity can be a good indicator for sustainability and continuity of the CBR activities. Three projects (Palestine, Indonesia and Vietnam) had a satisfactory level of local fund raising, mainly from the governmental sources. In the remaining three projects (Afghanistan, Guyana and Nepal) local fund raising was very limited or non-existent.

IV. Participation:

IV.A Involvement of persons with disability in different phases of CBR:

Active participation of persons with disability in all phases of CBR, starting from assessment of needs to implementation of project activities, is considered as a key factor necessary for the success of a CBR project. Two projects (Palestine and Afghanistan) have good participation of disabled persons in different phases (planning, implementation, evaluation, etc.) of CBR projects; their participation is slightly lesser in Guyana. The participation of persons with disabilities in any decision-making roles is very low in remaining three countries (Indonesia, Vietnam and Nepal) where, their involvement is only as beneficiaries and in project implementation.

IV.B Sharing of information, knowledge and skills with families and communities:

Sharing of information and transfer of skills from trained persons involved in CBR projects, to the family members and communities, is a key aspect of CBR philosophy. The evaluations found that this aspect was properly developed in only one project (Guyana). In three projects (Afghanistan, Indonesia and Palestine) there was some attention to these aspects. In the two remaining projects (Vietnam and Nepal), this aspect was felt to be insufficient.

IV.C Involvement of families and community members in CBR:

In three projects (Afghanistan, Palestine and Guyana) family members and community representatives were involved in deciding the priorities for the CBR project and in implementation and evaluation of the project activities. In the other three (Indonesia, Nepal and Vietnam), the family and community involvement is limited to implementation of some of the field activities of the project.

IV.D Involvement of local NGOs, DPOs, associations in the CBR:

All the CBR projects except one (Vietnam) had good involvement of local NGOs, DPOs and associations in its activities. In Vietnam, at the community level, many non-governmental groups like Red-cross volunteers, youth groups etc. were supporting the CBR programme but they were not involved in the CBR planning, monitoring, etc. in a systematic way.

IV.E Involvement of local professionals in CBR:

In one project (Vietnam), the support and involvement of professionals was considered to be very good. In two projects (Afghanistan and Palestine) it was considered to be satisfactory. In the remaining three projects, the support and involvement of local professionals needs to be strengthened.

Annex: Abbreviations used in the report

AIFO	Italian Association Amici di Raoul Follereau
CBR	Community-based Rehabilitation
CDAP	Comprehensive Disabled Afghan's Project
CHA	Cooperation for Humanitarian Assistance
IAM	International Assistance Mission
ILO	International Labour Organization
INGO	Internal Non-governmental Organization
NAD	Norwegian Association of Disabled
NDA	Nepal Disabled Association
NGO	Non-governmental Organization
SCA	Swedish Committee for Afghanistan
SERVE	Serving Emergency Relief & Vocational Enterprises
SHIA	Swedish Organisation of Disabled International Aid Association
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific & Cultural Organization
VINAREHA	Vietnam National Rehabilitation Association
WHO	World Health Organization