

Evaluating Community Based Rehabilitation :

Guidelines for Accountable Practice

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CONTENTS

- 1. List of Tables**
- 2. Introduction**
- 3. A Literature Review on CBR Evaluation**
- 4. A Note on the Use of the Guidelines**
- 5. Part One: The Outlines of Evaluation of CBR**
- 6. Part Two: The Key Elements of Evaluation of CBR**
- 7. Part Three: Evaluation of Training Effects for Disabled Individual**
- 8. References**

LIST OF TABLES

- 1. Table-1 Survey Form-Community Profile**
- 2. Table-2 Survey Form-Household Visit**
- 3. Table-3 Survey Form-Disabled Person**
- 4. Table-4 Record Form-Visit to the Home**
- 5. Table-5 Monthly Report Form**
- 6. Table-6 Evaluation Form-Rehabilitation Result of Disabled Person**
- 7. Table-6.1 Changes in Daily Living Ability of Disabled Person**
- 8. Table-6.2 Changes in Moving Ability of Disabled Person**
- 9. Table-6.3 Changes in Social Communication Ability of Disabled Person**
- 10. Table-6.4 Changes in Work Ability of Disabled Person**
- 11. Table-6.5 Changes in Income Source of Disabled Person**
- 12. Table-6.6 Changes in Quality of Life of Disabled Person**
- 13. Table-6.7 Changes in Employment Status of Disabled Person**
- 14. Table-6.8 Changes in Schooling Status of Disabled Person**
- 15. Table-6.9 Changes in Education Level of Disabled Person**
- 16. Table-6.10 Changes in Participation in Social Life of Disabled Person**
- 17. Table-6.11 Changes in Self-Attitude of Disabled Person**
- 18. Table-6.12 The Summary Form-Evaluation of Rehabilitation Effect of Disabled Person**

Table1 Survey Form-Community Profile

Name of community _____ Serial No. of the community _____

Name of people responsible _____

Date completed ____ day ____ month ____ year

Total population _____ Number of disabled person _____

Total number of households _____

Number of households with disabled people _____

~~~~~

\* Main nation \_\_\_\_ Ethnic \_\_\_\_ Religion \_\_\_\_

\* Name of NGOs \_\_\_\_\_ Name of networks \_\_\_\_\_

\* Local epidemic disease \_\_\_\_\_ Disability prevalence \_\_\_\_

\* Income source :  
     industry \_\_\_\_ agriculture \_\_\_\_ commerce \_\_\_\_  
     fishing \_\_\_\_ animal husbandry \_\_\_\_ other \_\_\_\_\_

\* GNP \_\_\_\_\_ Average income/person year \_\_\_\_

\* Transport: convenient \_\_\_\_ difficulty \_\_\_\_

\* Health situation

| Unit                   | Health Post | Local Health Center | District Hospital | Provincial Hospital | National Hospital, Rehab-Center |
|------------------------|-------------|---------------------|-------------------|---------------------|---------------------------------|
| Number                 |             |                     |                   |                     |                                 |
| Number of Professional |             |                     |                   |                     |                                 |
| Service Offered        |             |                     |                   |                     |                                 |

\* Employment situation of disabled people

| Category | Welfare of Shelter Unit | Disabled people Employed | Income source |        |               |
|----------|-------------------------|--------------------------|---------------|--------|---------------|
|          |                         |                          | his/her own   | family | Social relief |
|          |                         |                          |               |        |               |

\* Education situation of disabled people

| Unit               | Special education school | Special education classes | Integrate education | Vocational training |
|--------------------|--------------------------|---------------------------|---------------------|---------------------|
| Number             |                          |                           |                     |                     |
| Number of disabled |                          |                           |                     |                     |

\* Number of consumers according to their disabilities

| Difficulty in | Seeing | Hearing or speaking | Moving | No feeling in hands (feet) | Strange behavior | Fit | Learning |
|---------------|--------|---------------------|--------|----------------------------|------------------|-----|----------|
| Number        |        |                     |        |                            |                  |     |          |

\* Age distribution of disabled persons

| Age    | 0-4 | 5-14 | 15-54 | 55-69 | >70 |
|--------|-----|------|-------|-------|-----|
| Number |     |      |       |       |     |

\* Attitudes to disabled persons (describe briefly)

**Table 2 Survey Form - Households Visit**

Name of community \_\_\_\_\_ Serial No. of the households \_\_\_\_\_

Address of household \_\_\_\_\_

Household held :

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

Total number of people in household \_\_\_\_ Under 15 years \_\_\_\_ Over 15 years \_\_\_\_

Number of disabled people in household \_\_\_\_\_

Your name \_\_\_\_\_ Date completed \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

| Question | Name of household member with this disability | Age | Sex | How long |
|----------|-----------------------------------------------|-----|-----|----------|
|          |                                               |     |     |          |

|                                                                                                                                       |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1. Does any person have difficulty seeing?                                                                                            |  |  |  |  |
| 2. Does any person have difficulty hearing or speaking?                                                                               |  |  |  |  |
| 3. Does any person have difficulty in moving?                                                                                         |  |  |  |  |
| 4. Does any person have no feeling in the hands or feet?                                                                              |  |  |  |  |
| 5. Does any person show strange behavior?                                                                                             |  |  |  |  |
| 6. Does any person have fit?                                                                                                          |  |  |  |  |
| 7. Does any person have difficulty in learning?                                                                                       |  |  |  |  |
| 8. Does any person have any other difficulty?<br>Name and describe the disability, if you know what it is, next to the person's name. |  |  |  |  |

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**Table 3 Survey Form -Disabled Person**

Name of community \_\_\_\_\_ Serial number of disabled person \_\_\_\_\_

Address of household \_\_\_\_\_ Name of investigator \_\_\_\_\_

Name of household head \_\_\_\_\_ Date complete \_\_\_ day \_\_\_ month \_\_\_ year

~~~~~

* Name of disabled ___ Sex ___ Age ___ Nation _____ Religion _____

* Education level _____ Occupation _____ Name of work unit _____

* Marital status : Single _____ Married _____ Divorced _____ Other _____

* Income source: One's own _____ Family _____ Social relief _____

* Difficulty in

Seeing _____ hearing or speaking _____ moving ___ fit _____
no feeling in hand/feet _____ Strange behavior ___ learning ___
other _____

* Degree of difficulty : Severe _____ Moderate _____ Mild _____

* Cause of disability

Congenital defect _____ Hereditary disease _____ Inbreeding _____
Communicable disease _____ Non communicable disease _____
Accident injury ___ Alcoholism ___ Drug abuse ___ Malnutrition ___
Psychiatric disturbance _____ Other _____

* When did the disability start on _____ date _____ month _____ year.

* Measure accepted

Drug _____ Operation _____ Functional training _____
With aid or equipment ___ Referral ___ Other ___ No treatment ___

* Daily living ability

	Feeding	Cleaning	use the latrine	Dress and undress	Sitting up	Standing up	Moving in any way	Writing
Alone								
With help								
Not at all								

* Communication ability

	Express needs	Understand movement	Communication with movement	Lip read	Speak
--	------------------	------------------------	--------------------------------	----------	-------

		or sign	or sign		
Easily					
Difficulty					
Not at all					

* Play and learning like children of the same age

	Play	Learning
Yes		
Below		
Not at all		

* Employment and participation in social life

	Has job or income	Join in family activities	Join in community activities
Yes			
Sometimes			
No			

* Rehabilitation needs:

Medical care _____ Functional training _____
 Aids or equipment ____ Early intervention _____
 Schooling _____ Vocational training _____
 Get job _____ Marriage _____
 Barriere-free facilities _____ Get knowledge on rehab ____
 Participate in family life ____ and social activities _____
 Other _____

* Self attitude (describe briefly) _____

! Please mark "X", or give description according to the facts.

Table 4 Record Form - Visit to the Home

Name of disabled person _____		Disability type _____
Training content _____		Name of visitor _____
Date	Time	Comments

	Number of people in the Community Rehabilitation Programme
People from previous month	_____
People new this month	+_____
Total in community Rehabilitation Programme this month	_____
People discharged	-_____
People to continue next month	_____

Number of people who made at least one step of progress
during this month:

Table 6 Evaluation Form - Rehabilitation Result of Disabled Person

Table 6-1 Changes in Daily Living Ability of Disabled Person

Ability	Before training			After training		
	Alone	With help	Not at all	Alone	With help	Not at all
Difficulty						
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-2 Changes in Moving Ability of Disabled Person

Ability Difficulty	Before training			After training		
	Around the street	Inside the home	Not at all	Around the street	Inside the home	Not at all
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-3 Changes in Social Communication Ability of Disabled Person

Ability Difficulty	Before training			After training		
	With stranger	With familiar	Not at all	With stranger	With familiar	Not at all
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-4 Changes in Work Ability of Disabled Person

Ability Difficulty	Before training			After training		
	Complex work	Simple work	Not at all	Complex work	Simple work	Not at all
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-5 Changes in Income Source of Disabled Person

Difficulty	Before training			After training		
	One's own	Family	Relief	One's own	Family	Relief
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-6 Changes in Quality of Life of Disabled Person

Difficulty	Before training			After training		
	Good	Medium	Poor	Good	Medium	Poor
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-7 Changes in Employment Status of Disabled Person

Difficulty	Before training		After training	
	Get job	No job	Get job	No job
Seeing				
Hearing speaking				
Learning				
Moving				
No feeling in hands or feet				
Fit				
Strange behavior				
Other				

Table 6-10 Changes in Participation in Social Life of Disabled Person

Difficulty	Before training			After training		
	Often	Sometimes	Not at all	Often	Sometimes	Not at all
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-11 Changes in Self-Attitude of Disabled Person

Difficulty	Before training			After training		
	Active	Middling	Negative	Active	Middling	Negative
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

Table 6-12 The summary Form - Evaluation Rehabilitation Effect of Disabled Person

Difficulty	Before training			After training		
	High	Medium	Low	High	Medium	Low
Seeing						
Hearing speaking						
Learning						
Moving						
No feeling in hands or feet						
Fit						
Strange behavior						
Other						

* Score up 2 to high level of rehabilitation effect
 Score up 1 to medium level of rehabilitation effect
 Score up 0 to low level of rehabilitation effect.

INTRODUCTION

People with disabilities are estimated to form 7-10% of the population in any country, and around 2% would need some form of rehabilitation services. Yet only 0.01% to 0.02% of the population in developing countries actually get such services. There are presently about 200 million moderately and severely disabled people in developing countries, where disabilities are mostly poverty related. The incidence of disability has always been on the increasing trend, and about 60% of disabilities could have been prevented (WHO Expert Committee, 1981; Murthy, 1992).

In bringing about positive impact on the situation of people with disabilities, at least three approaches have been practiced, namely: Institutional Based Rehabilitation, Extension of Institutional Based Rehabilitation, and Community Based Rehabilitation (CBR). While the rehabilitation gap cannot be closed in any quick or easy way, CBR is considered one of the most practical and efficient rehabilitation approaches (Handojo, 1991; Helander, 1988).

CBR is defined as "a system which envisages using existing resources of manpower and material within the community to promote integration of disabled people in all spheres of life and activity" (Thomas, 1990, page 3). "The Community-Based Rehabilitation strategy is an effort to design a system for change---for improving service delivery in order to reach all in need, for providing more equal opportunities and for promoting and protecting the human rights of disabled people" (Helander, 1993, page 5).

In 1976, member countries of the World Health Organization (WHO) decided to include rehabilitation in the goal "Health for all by the year 2000" (Helander, 1980). Recognizing that people with disabilities in developing countries have a large need for rehabilitation and have very limited access to rehabilitation facilities, WHO has developed community-based rehabilitation program designed to integrate with programs for primary health care. Since then CBR as a tool for government and non-government intervention has been expanding very rapidly all over the world. People with disabilities, their families, and their communities have benefited from CBR. CBR practices in countries with vast differences in race, culture, language, socio-economic-political development, and religious belief have provided a collection of diversified and rich experiences.

In 1979, a manual published by WHO proposed a simple demystified set of technologies for the community and family levels (Helander, 1980). In 1989, a revised version of the manual entitled "Training in the community for people with disabilities" appeared. There has been much practice and discussion about the concept, objective, methodology research of CBR during these years.

In 1992, a discussion forum was hosted by the United Nations Development Program in Geneva. Helander presented his latest definition of CBR at the Geneva forum. "Community- based rehabilitation is a strategy for improving service delivery, for providing more equitable opportunities and for promoting and protecting the human rights of disabled people" (UNDP, 1993, page 1). It calls for the full and co-ordinated involvement of all levels of society.

In 1993, "Prejudice and Dignity-An Introduction to Community-Based Rehabilitation" was published by Helander (1993), UNDP. It discussed and analysed background, definitions, principles, technology management, system of CBR, reviewed evaluation techniques, and described a plan of action for CBR in the future.

Since the early days of CBR experimentation, the Asia and Pacific Region has been at the forefront in the field of CBR and made significant contributions to the world. The Asia and Pacific Region with over 50 countries and territories, is the home of 57% of the world's population. Most people with disabilities live in the region's developing countries. Not surprisingly, CBR has been looked upon as a solution to achieving practical and efficient rehabilitation approaches.

In order to further promote the development of CBR in coordination with the social and economic development of this region, there is a need to develop a set of comprehensive guidelines for CBR evaluation. Such guidelines should be scientific, practical, easy to use, and should cover various aspects and stages of the practice.

In 1993, during "the Seoul Conference on Rehabilitation Manpower Development and Networking in the Asia and Pacific Decade of Disabled Persons 1993-2002", the Rehabilitation Action Network for Asia and the Pacific Executive Committee submitted a proposal entitled "The Research Project-Guidelines for CBR Evaluation", and received finding support from the Hong Kong based RI Regional Secretariat for Asia and the Pacific and the Japan based Regional NGO Network for the Asia and Pacific Decade of Disabled Person 1993-2002.

In December 1993 a research team was established on the design and implementation of the project, which consisted of members from Malaysia, Hong Kong, Korea, Singapore, Japan, Indonesia and China. The members of the research project have extensive involvement in CBR and rehabilitation services. A plan of the research project was drafted, which consisted of several aspects including the sponsor, research member, aim, objectives, methodology, outcome and procedure. In order to invite more suggestions and comments, copies of the plan had been sent to people who have been involved in CBR or rehabilitation services from inside and outside the region. Collection and analysis of literature relating to subject is an essential and basic work in any research project. The researchers have paid special attention to the replenish of literature, so as to have a better grasp of the latest reference materials. So far, more than 30 pieces of information on the evaluation of CBR have been collected and reviewed. In August 1994, ILO, UNESCO and WHO drafted a joint position paper "Community-Based Rehabilitation For And With Disabilities" (ILO et al., 1994). It made a statement on the concept, objective, methods, sustainable, interagency collaboration on CBR. The present guidelines for evaluation of CBR has taken note of the views from the joint position paper.

The researchers consulted with members of the research team, as well as experts who are from WHO, UNICEF, UNDP, RI, RNN, etc. In September 1995, a seminar on OMAR (OMAR IN REHABILITATION. A Guide on Operations Monitoring and Analysis of Results (draft for field testing)) was held in Wuhan, China. It provided a good opportunity for the researchers to get access to updated knowledge. A useful exchange of ideas on evaluation of CBR was carried with Ture Jonsson, Senior

Program Officer, UNDP Inter-Regional Program for Disabled People (IRPDPP)
(Jonsson, 1994).

This research project has been launched to meet a specific need of CBR development, and has practical significance. Due to the support received from various sectors and efforts of the members of the project team, the first working edition of the Guidelines was able to be published to greet the mid-point review of the Asia and the Pacific Decade of Disabled Persons, 1993-2002. The researchers wish that the Guidelines would be a useful reference tool for evaluation in CBR practice. Any shortcomings or errors found in the Guidelines will be the sole responsibility of the researchers.

A Literature Review on CBR Evaluation

Along with the development of CBR, its evaluation has been explored to some extent. Over the past decade, a range of monitoring and evaluation approaches and methods has gradually been developed. These approaches and methods are useful to development workers, including those at community level.

The earliest study on the impact of CBR was published by Mendis and Nelson (1982). The authors visited and followed up the results in five countries, namely: Botswana, India, Mexico, Pakistan and Sri Lanka. The study was an early indication of the effectiveness of the practice. O'Toole (1988) presented an evaluation of a CBR project he initiated in Guyana. O'Toole used a multiple-baseline design and evaluated the outcome of the project using several different techniques, with measurements before and six months after the end of the programme. Its purpose was to scientifically evaluate a small scale experiment to genuinely determine the validity and potential of CBR approach". Arnold (1988) made a description of a successful project carried out in Nepal. Mendis (1988) gave a very detailed account of CBR programme in Vietnam in 1988, which included the objectives of the project, management, results, coverage, effectiveness of functional training, schooling, economic productivity, the use of WHO manual "Training in the Community for People with Disabilities", intermediate level support, and costs. Saunders and Zinkin (1990) reported an outside evaluation of a CBR programme carried out on a representative sample. The report contained no statistical data but a large number of observations. Lagerkvist (1992) undertook a scientific outsider evaluation of two CBR programmes: one in the Philippines and one in Zimbabwe. The results obtained by assessment history, testing of ability in activities in daily living (ADL) and communication and family discussion. Brar (1992) published the paper "Research and Evaluation in Community-Based Rehabilitation - Some Views Derived from UNICEF Experiences". It focuses on the processes and purposes of documentation, evaluation and research into CBR. CBR Project in Bacolod, Philippines, initiated in 1981, expanded the coverage of its service to over 3000 disabled persons in 112 villages by the end of 1992. Kwok (1991) reported "An Evaluative Research Design for Urban Community-Based Rehabilitation Programme-A care study from Hong Kong in 1991. The paper presented a quasi-experimental evaluative research design in assessing the impact of CBR in Hong Kong. Rajendre et al. (1994) published a paper, "The Sourabha CBR Project - An Evaluation Study". The methodology used in this study is simple enough to do an evaluation of a fairly large sized project engaged in rehabilitation and to elicit reliable and valid answers. The main aim of the evaluation study was to evaluate the extent to which the CBR project had achieved its objectives in the various sector of rehabilitation and to see whether the existing organizational system had adequately helped in the implementation of the programmes. The study also tried to identify the kind of changes. Three questionnaire were adapted from the draft UNDP Guide on Evaluation of Rehabilitation Programmes for Disabled People. Korpela et al. (1993) presented an evaluation of rehabilitation services. They used a follow-up method to evaluate the extent of use of technical aids for disabled children. Mitchell et al. (1993) reported an evaluation of CBR about attitudes towards people with disabilities changed in the city of Guangzhou, China. The measurement of attitudes towards the disabled was made using "the Attitude Towards Disabled People (ATDP) Scale" developed by Yunker, Blick and Campbell. They claimed that "the scale has reasonably good" content validity.

According to WHO (1981), evaluation is a systematic way of learning from experience and using the lessons learnt to improve current activities and promote better planning by careful selection of alternatives for future action. This involves an analysis of different phases of a programme, its relevance, its formulation, its efficiency, effectiveness and its acceptance by all parties concerned. A working definition of evaluation from Krefting (1994): systematic collection, analysis, and interpretation of information about the activities and outcomes of CBR Programs in order for interested people to make judgements about what the program is doing and how it can be improved. In fact evaluation is one of the most important kinds of research in social change programs.

Helander (1993) reviewed the evaluation and experience applied to CBR programs in his book entitled "Prejudice and Dignity-An Introduction to Community-Based Rehabilitation". He dealt with the principles of evaluation, with a review of some representative case studies which report the outcome of CBR. He pointed out five factors to consider in the evaluation of CBR, namely: relevance, effectiveness, efficiency, sustainability and impact. The joint position paper -- Community-Based rehabilitation, CBR for and with people with disabilities by ILO, UNESCO and WHO (ILO et al., 1994) attempts to clarify the objective of CBR and methods for implementation. Aimed at policy-makers and programme managers, it addresses the issues of sustainability, disability policies and integration into the community. It presents the essential elements of CBR: "CBR is strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities" (ILO et al., 1994, page 3), "CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services" (ILO et al., 1994, page 3). This position paper points out the responsibility of government, non-governmental organizations, community, people with disabilities and their organizations.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted by the United Nations General Assembly at its 48th Session on 20, December 1993. Rule 20 states: "the evaluation of various programmes in the disability field should be built in at the planning stage. So that the over all efficacy in fulfilling their policy objectives can be evaluated. (UN, 1994, page 37)

Lele (1995) pointed out six problems in the area of CBR programs evaluation at the meeting in Bangkok in June 1995, to review the progress of the Asian and Pacific Decade of Disabled Persons, 1993-2002, which involves information sharing, methodologies of evaluation adopted, the evaluation question of the role of the communities, evaluation on the costs of CBR programme, evaluation technology and key issues in evaluation.

From above discussions, we can see a big step has been learned from the first wave of CBR porgrammes, with its focus on delivering technology. However, CBR is still in its adolescent stage, and it would be too early to conclude the frontiers of CBR have been fully covered. Indeed, much more work has yet to be done in establishing criteria and methods for evaluating CBR experiences and programme.

A Note on the Use of the Guidelines

CBR practices have shown vast and diversified features in countries due to the differences in socio-economic development, culture, social customs, political structure and the rehabilitation needs of disabilities, etc. There is no single best way to do CBR, and no single evaluation system for CBR. So it is impossible to make an evaluation guidelines for all CBR programmes in the world. These guidelines are not meant to be adopted without change for each and every particular CBR project. However, it should offer the basic trend of thought, and general framework for the evaluation of CBR.

General speaking, there are two types of evaluation of CBR. The first type of evaluation is used for a particular CBR project, for example, CBR project for children with disabilities, CBR project for mentally retardation, social mobilization, etc. In this type of evaluation, effectiveness, efficiency, relevance, sustainability and impact are considered as the core factors, The second type is used for administrative concerns where CBR as a regional plan is being conducted, for example, country, province, or a city. A country is carrying out CBR development plan in its jurisdictional area, thus it needs to evaluate all CBR programs in the territories concerned. Only in this way can we know how the whole CBR plan is being implemented. Although these Guidelines are drawn up for a CBR project, the principles, contents, methods can be put to use for CBR plan in a district or a region.

CBR was formulated in an attempt to meet the massive rehabilitation needs of disabilities in the world, and it develops side by side with the development of services delivery. Since 1976, there has been a wide variety of research projects on the evaluation of CBR through out the world, each one adapted to the local implementation of CBR. By continuously reviewing the evaluation of CBR, the Guidelines could become more systematic, relevant and practical.

It is inevitable that the Guidelines presented here would contain limitations. The researchers would appreciate critical comments from specialists, researchers, CBR workers, colleagues and people with disabilities.

Part One: The Outlines of Evaluation of CBR

1. What is evaluation of CBR

Evaluation means assessment. A working definition of evaluation of CBR refers to a standard to make objective judgements on the activities and outcomes of CBR programme and the rehabilitation efficacy of people with disabilities in line with the goals, strategy, action plan, implementation of CBR programme and the rehabilitation training scheme of the consumer. Generally speaking, there are three types of evaluation: goal evaluation, process evaluation and outcome evaluation. Relevance, effectiveness, efficiency, sustainability and impact are the core factors that should be considered in the evaluation of CBR.

(a) Relevance

Does the programme meet the needs and offer comprehensive rehabilitation services for people with disabilities and their families, and does it relevant to the programme goals?

(b) Effectiveness

Does the programme achieve its objectives both in terms of quality and quantity, and does it make satisfactory result in service coverage and the rehabilitation efficacy of people with disabilities?

(c) Efficiency

Does the programme make the maximum outcome with the minimum income, and does it use the resource in the most efficient way?

(d) Sustainability

Can the programme continue once the external assistance is withdrawn?

(e) Impact

What effect has the programme had on its social settings, economic development, rehabilitation technique and institution, etc.

2. Why evaluate a CBR programme

(a) Assess the pertinence, implementation process, effectiveness and efficiency in accordance with the action plan of CBR programme.

(b) Find out the changes happened in community development, attitude and sense to disability and rehabilitation, etc.

(c) Judge whether the CBR service provided is effective, feasible, economical and practical..

(d) Assess the cooperation among sectors of community, the implementation of CBR programme, the approval, acceptance and participation of the community leaders, professionals, disabled people and their family members.

- (e) Identify whether the disabled people have achieved the rehabilitation goals.
- (f) Examine and explore the contents, methods, process of evaluation in CBR programme.
- (g) Systematic collect, analyses and interpret information about the activities and outcomes of CBR programme in order to provide scientific basis for community leaders and person concerned.

In other words, the evaluation is a process of learning experience, drawing a lesson, revising plan, and improving ongoing programme, a course of changing the evaluation management from traditional and experimental way to modern and scientific way, as well as a good chance of re-mobilization and re-guidance.

3. How to evaluate a CBR programme

For achieving the evaluation purpose mentioned above, it is necessary to follow the principles of evaluation and take appropriate evaluation measures.

- (a) Self-Evaluation: The evaluators are said to be those who are inside the programme or know the programme very well. For examples, programme administrators, executors, target people, service consumers, etc. They are familiar with the programme and can make contribution to the evaluation activities.
- (b) Mutual-Evaluation: The evaluation is made between (or among) two (or more) CBR programmes. The evaluators come from outside their own community. They can exchange experiences, draw on each other's advantages and avoid disadvantages.
- (c) Higher authorities-evaluation: The evaluation is made by superior level departments that are in charge of the programme. Therefore the programme can get the understanding, support and suggestion from their higher authorities directly.
- (d) External-Evaluation: The evaluation is carried out by organizations and persons from outside the country or the community. Outsiders can take a fresh look at the programme and will not be personally involved, so the evaluation may be more objective.

Each type of evaluation has its own strengths and limitations. However, they should all be guided by the following principles: (a) be based on facts, (b) be comprehensive, (c) to include both quantitative and qualitative aspects, and (d) to include archival data and first hand field findings.

4. When should the evaluation be done?

The development of CBR is a on-going process. For reaching the goals of a CBR programme, there is a need for implementation to be in phases. Therefore, each phase's evaluation not only has to identify CBR programme for the particular phase, but also improve the programme's work for the next phase, and draw on the experiences and lessons for achieving the final goals of the CBR programme.

There are many factors relating to the realization of rehabilitation goals for disabled people. The key factors are not the types and degrees of disabilities but the attitude towards disabled people, when the rehabilitation activities start, what kind of rehabilitation measures are used, and social factors, etc. For example, a person with visual impairment can reach a higher level rehabilitation goal, but a person with better eyesight may only reach a lower level rehabilitation goal. Similarly, there is a need for achieving the best rehabilitation goal in each phase. Both evaluation for CBR programme and individual consumer of CBR service should be an ongoing activity. Generally evaluation should be built into the CBR programme at regular intervals. For instance:

- (a) Monthly Evaluation
- (b) Evaluate in stage: 3 month, half a year, one year according to the programmes development.
- (c) Mid-Time Evaluation: It is essential to evaluate CBR programme during the mid-time period. It can find out the experience and problem in order to decide what and how we should do.
- (d) Eventual evaluation: Evaluation should be made at the end of the programme it should be the most important, detailed and overall of the all evaluation activities.
- (e) Follow-up Evaluation: some outcome or findings such as disability rate attitude change, impact and sustainability can only be shown after a longer time. So it is necessary to conduct evaluation at a specified future date.

The diagram below shows the relationship between the implementation process and evaluation activities:

make plan ----- implementation ----- programme end ----- after a period
 (baseline survey) (periodical evaluation) (eventual evaluation) (follow up evaluation)

5. Evaluation process

- (a) Making a detailed evaluation plan.
- (b) Collecting materials and conducting investigation.
- (c) Analysis results.
- (d) Making evaluation report, giving suggestion.
- (e) Feedback of results and putting them into practice.

6. What kind of information should be kept?

The following is a list of the kind of information needed for evaluation:

- (a) community profile (see table 1)
 Survey on a community profile can provide an outline or a brief description, and get basic information of a community, such as general description, ethnic, culture, religious, situation on socio-economical development, environment, quality of life of disabled people, health and social activities, etc. People may think that they are familiar with their own community, and know it very well, but they may lack information which is essential for a CBR programme. So while paying attention to the survey of disabilities, we should not neglect the survey on the community profile.

A community profile includes the following contents:

- (i) Geographical features of a community: This tells about the location, size, area, resources, climates, etc.
- (ii) Population: This tells about the population size, nation, ethnic, cultural, religious, prevalence of diseases and disabilities, attitudes to disabled people, etc.
- (iii) Physical and social environment: This tells about the situation of economic, traffic, communication, barrier-free facilities, the number (the location, scale, equipment of hospitals, rehabilitation centers, schools, shelter workshops, welfare units, vocational training stations and recreation places, etc.
- (iv) Institution and network: This tells what you will need for launching CBR project, such as, the administrative set up, government departments, non-governmental organizations and implementation networks, for instance, primary health care network, social welfare network, disabled person's federation, women's organization, etc.
- (v) Attitude towards people with disabilities: Along with the socio-economical development and social progress, the attitudes to people with disabilities have changed greatly. The word "attitude" has two meanings. One meaning is "understanding, respect, care, help disabled people; another meaning is prejudice, discrimination, neglect, ignorance, refuse disabled people. Wrong attitudes will impede reaching the rehabilitation goals of disabled people and the progress of CBR programme.
- (vi) Map of a community with the lists of households: The map should show roads, paths, fields, water sources markets, important rehabilitation places and all households in the programme area and number in each household.

(b) Survey of disabled people in the community (see table 2-3)

The survey of disabled people should include: the following contents:

- (i) General information of disabled person: Name, sex, age, nation, address, the name of household head, his(her) work unit.
- (ii) The history of disability: The type and degree of disability, the causes of disability, rehabilitation or medical measures accepted and the assessment of abilities for living, learning working and social activity of disabled person.
- (iii) Rehabilitation needs: It includes needs that the disabled people may have in medical care, rehabilitation service, education, employment, participate family's life and social activities of disabled person. It is necessary to judge the priority among all the rehabilitation needs.
- (iv) Social aspects: It includes marriage status, family composition, source of income, employment status, attitude from family members and disabled person himself or herself, etc.

According to the individual information from the survey, we can analyse the following aspects:

- (i) The percentage of the number of households with disabled people in the total number of households surveyed.
- (ii) The percentage of people with disability in all people surveyed.
- (iii) Age distribution and age distribution according to their disability.
- (iv) Sex distribution and sex distribution according to their disability.
- (v) Statistics of disability types.

- (vi) Statistics of disability degree.
- (vii) Status analysis of disabled children.
- (viii) Income and employment status of disabled persons.
- (ix) Education level of disabled persons.
- (x) Marriage and family status of disabled persons.
- (xi) Rehabilitation needs according to their disability.
- (xii) The causes of disability according to disability type.

(c) CBR action plan

CBR action plan is made according to the laws and regulations of the state and adapted to local conditions. Being a comprehensive developmental plan for CBR programme, it includes the background of a community, situation analysis, expecting goals, activities, action measures, process, organization of implementation, financial management, monitoring, evaluation, and experience spread, etc. As an important part of a community developmental plan, CBR action plan is helpful to the overall evaluation of CBR.

(d) Implementation situation

- (i) Measure and process: It includes the action time, (year, month, date), place, measures, contents, goals, etc. For example, when was the CBR leading group established? Where is the office? Who are the members of leading group? What are the duty and task? etc.
- (ii) Executive organization and personnel: Who participate in the programme? Who are the persons in charge of the programme? etc.
- (iii) Financial Management: The budget, the source of fund, funding distribution and expenditure, etc.
- (iv) Monitoring and evaluation

(e) Rehabilitation training record of disabled people

A training file for disabled people should include:

- (i) general information of disabled people
- (ii) rehabilitation programme and suggestion
- (iii) implementation of rehabilitation programme (see table 4-5 or see the form recommend in TCPD "to find out if person need training and to assess progress")
- (iv) comprehensive assessment in phase: According to the results of assessment at the first time, mid-time and eventual time, to give the mark of rehabilitation effect (high level, middle level and low level).
- (v) The new rehabilitation programme of suggestion: According to the eventual evaluation results, revise the rehabilitation programme and give suggestion. It marks the rehabilitation training and activities step in a new phase.

(f) Statistical forms: According to all the requirement for CBR Action Plan, report the statistics results to sectors concerned level by level, statistics should be carried out at least half a year or every year. Statistics results are expected to show:

- (i) What changes have happened in number and services of institutions or units concerned CBR programme. For instance, health facilities (health post,

- primary health center, district hospital, province hospital, national hospital or center); schools (pre-schools, primary schools, secondary schools, vocational training centers, special education schools or classes); recreation facilities, etc.
- (ii) What changes have happened in number, function, service, length, payment of personnel in CBR programme, such as administrators, professionals, local supervisors CBR workers, family guides, etc.
 - (iii) Situation on making and implementation of laws (including regulations and local statutes)
 - (iv) Situation on training staff in CBR Number, contents, teaching methods, length of course, examination, evaluation (pre-course, after-course and follow up) the effect of training course, etc.
 - (v) Changes happened in barrier-free facilities of road, buildings and house environment, etc.
 - (vi) Changes happened in number of disabled persons in CBR programme. Name, sex, age, type of disability, training activity and progress, etc.
 - (vii) Changes of degree of disabilities.(slight, medium, severely)
 - (viii) The improvement rate of functional training for disabled persons, for instance, improvement in daily living care, behavior, communication, mobility, etc.
 - (ix) Changes of schooling and education level; the rate of enrolment (or number) and the changes of individual in education level.
 - (x) Changes of employment and income generation .
 - (xi) Changes in the role of family and participation in family life.
 - (xii) Changes of participation in social (community) life.

(g) Keeping evaluation plans, records and reports

The evaluation plan should indicate the objectives, methods, contents, date and period, participants, results and suggestions.

The evaluation report should contain: list of contents, acknowledgement, summary on the evaluation activities, general introduction on the CBR programme, key discovery, analysis of results, conclusions and suggestions, appendix, references and footnotes.

A good evaluation report should following guidelines:

- (i) Completeness: It means the evaluation report should be detailed and comprehensive.
- (ii) Preciseness: It means the evaluation report should be accurate and no mistake.
- (iii) Reliable: It means the evaluation report should be real and objective.
- (iv) Comparable: It means the evaluation report can compare with the expecting goal of the CBR programme or with other CBR programme.

Part Two: The Key Elements of Evaluation of CBR

The contents of evaluation in CBR consist of three parts: (1) Evaluation of management in CBR, (2) Evaluation of implementation in CBR, and (3) Evaluation of social impacts of CBR.

1. Evaluation of management in CBR

The realization of the CBR goals depends on a management mechanism, which should be scientific, reasonable, effective and sustained. The main duties of management are planning, organizing, allocating personnel, guiding, controlling and blazing new trails, etc. The management of CBR includes policy-making, planning, training of personnel, implementation at all levels, provision of resource, monitoring and evaluation. It involves government and its departments, NGOs, communities and disabled person's families.

(a) Government's commitment: Government plays a leading role in CBR programme. Government should be involved in making policy and regulations relating to CBR, fitting CBR plan into the social development strategy, taking action, comprehensive study, overall planning, coordinating among sectors and systematic implementation.

The list below shows what are the evaluation contents for government in CBR programme :

- (i) Integrate CBR programme with the government's working goals and local social development strategy.
- (ii) Set up CBR leading group, headed by a community leader consisting of departments concerned, and set up a special office with full time persons to cope with the daily work.
- (iii) Make CBR plan.
- (iv) Use the feasible network of community, for instance, the primary health care network, social security system.
- (v) Play an important role in the overall coordination among the sectors involved in CBR programme.
- (vi) Make and implement roles, regulations and the staff duties.
- (vii) Establish and perfect CBR resource center.
- (viii) Allocate personnel and set up professional consult group.
- (ix) Financial support (amount, allocate and expenditure)
- (x) Evaluation should be carried out regularly.

(b) Sectors concerned should take the respective responsibilities and work closely. Due to the special circumstance of disabled persons, the diversity of their needs, the broad extents of their participation in social life and the challenges of achieving their rehabilitation goal, it is essential to make sectors concerned take on their own responsibilities in CBR services and work collaboratively to offer timely referral services. Each country and region has its own characteristics in policy, administrative mechanism, social structure, etc. The government should identify the main sectors needed for the development of CBR and clarify their responsibilities.

(i) Public health Sector

- Establish and perfect primary health care network.
- Training CBR professionals .
- Set up or provide training place and facilities.
- Guide and offer referral services in medical rehabilitation for people with disabilities.
- Improve public health, reduce disease, prevent disabilities.

(ii) Education Sector

- Make laws and regulations in order to protect disabled people's right in education.
- Conduct integration education .
- Create education conditions which is based on families and community.
- Launch education project for people with visual impairment and carry out anti-illiteracy education for disabled persons.

(iii) Labour (or employment) sector

- Make laws and regulations to protect disabled people's right of work.
- Set up welfare enterprises or shelter workshops to arrange job for disabled persons.
- Through multiple channels at various levels and in a variety of forms to assist disabled persons to obtain job.
- Create opportunities and condition to provide technical training for disabled so as to upgrade their skills and techniques.
- Conduct vocational training projects for job placement.

(iv) Social Affairs (or civil affairs) Sector

- Make laws, regulations, and preferential policy to secure and improve the life of disabled persons.
- Provide relief and subsidies through various channels for disabled persons living in poverty .
- Provide social welfare services and placement.

(v) Other Sectors

CBR services bring together a wide range of partners, for example, culture, sport, women, child, justice, defence, etc. Sectors assume their responsibilities for policy making, planning and carry out CBR programme.

(c) Non-Governmental support

NGOs can participate in CBR services in many aspects. There are many types of NGOs, for instance: organizations representing various disabilities, religious group, charity organizations, professional societies, funding organization, etc.

The evaluation of NGO's support in CBR should put emphasis on the following contents:

- social mobilization and awareness creating.
- take part in making CBR plan.
- training manpower for CBR programme.
- cooperation with other sectors or organizations concerned to implement CBR programme.
- provide technical support and referral services.
- organize volunteers to participate in CBR activities.
- launch CBR project for demonstration.
- conduct research project on CBR.
- provide welfare activities and fund assistance.

(d) Communities involvement

The developmental motive and force come from the community itself. Community's involvement include the follow main aspects:

- integrate CBR programme with the community developmental plan.
- provide fund support.
- know well the rehabilitation needs of disabled people.
- fully utilize community's resources(manpower, network, facilities, institution, material, etc.).
- encourage and mobilize community member, disabled people and their family members to participate in CBR programme.
- educate community, create a sound environment and atmosphere for disabled people.
- extent appropriate rehabilitation skill.

2. Evaluation of implementation in CBR

(a) Evaluation of CBR delivery system

Most countries in Asia and the Pacific region depend on the public health care network, social security network, women organizations, child health care and person's organizations. These networks form the backbone of CBR delivery systems and referral systems, with which disabled persons can get rehabilitation service at family, community through national levels. An effective CBR network should be provided with four functions, namely, organization management, professional technique, monitoring and evaluation, information and statistics.

(i) Organization management system: This system consists of sectors concerned and administrators. To provide good CBR services for disabled people, sectors concerned should maintain a close cooperation in the work to bring about the overall effect of services.

(ii) Professional technique system: This system consists of resource center and rehabilitation professionals.

Resource center: WHO recommended many departments or units which can play roles in management, coordination, implementation, professional guide, personnel training, monitoring and evaluation of CBR. The resource center should be established in co-operation with the existing centers or institutions, for example, health care facilities, rehabilitation centers, educational facilities, vocational facilities, legal structures, welfare facilities, etc. The evaluation to a resource center should base its responsibilities in CBR services.

Rehabilitation Professionals: As rehabilitation services are facing various categories of disabilities, multiple professional fields are needed for the rehabilitation consumers. For instance, people with physical disabilities need orthopaedic doctors, neurological doctors, PT, OT, equipment or aids. If the service receivers are adult, they need vocational training of various kinds and also barrier-free facilities; people with mental retardation need early identification, psychological consultant, education, vocational training, etc. Professionals, teachers, family members and disabled people may work together as a team. Rehabilitation professionals are working in various fields at different levels, including community-based level, intermediate level, provincial and national level. In fact, this professional system is the rehabilitation referral system. The evaluation of the professionals should be conducted in accordance with their role and duty in rehabilitation services.

(iii) Monitoring and evaluation system

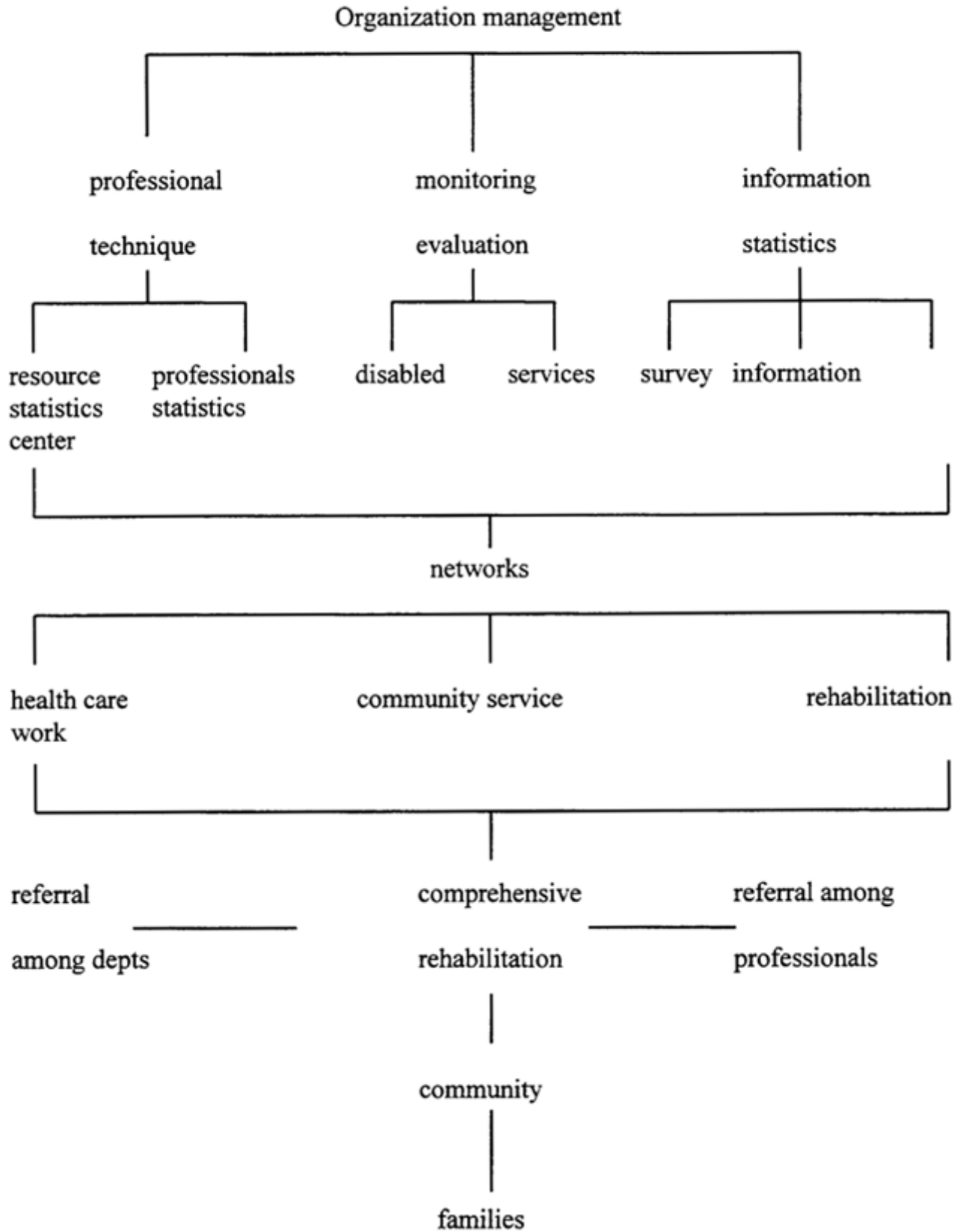
The evaluation of this system includes monitoring and evaluation of rehabilitation effect on the disabled individual and the services provided. Monitoring and evaluation in CBR have been emphasised by WHO, UNDP, UNICEF, and other organizations and institutions. Monitoring and evaluation may be done by staff members within the community or by people from the outside for the purpose of improving the CBR service.

(iv) Information and statistics system

Depending on the various kinds of forms of information and statistics to indicate work progress, quality and quantity, resource input and output, etc. The written forms should be sent to the related departments and persons in time to keep them informed on the implementation of CBR programme. This system also includes the dynamic survey on disabilities, exchange of information and data, work experience as well as the rehabilitation effect on disabled individual, etc. See Chart Implementation system in CBR.

Chart

Implementation System in CBR



(v) Evaluation the goals of comprehensive rehabilitation service achieved in CBR programme

The concept of rehabilitation lays stress on: functional training of disabled individual; interventions in changing or adapting the environment; equalization of opportunities of disabled persons in the general system of society; and protection of human right of disabled people. Community-based rehabilitation means the services through which all disabled people can get access to rehabilitation including health care, educational, vocational and social aspects, etc., so as to reaching the rehabilitation goals. The four aspects below should be taken into account in the evaluation of comprehensive rehabilitation services in CBR programme:

Services in medical rehabilitation: It includes screen and diagnosis disabilities, functional assessment, identify the rehabilitation needs of disabled, making rehabilitation plan for disabled individual, functional training disabled and disability prevention, etc. The list below for an example shows the evaluation contents in medical rehabilitation services:

- (a) the rate of disabled surveyed;
- (b) the rate of making rehabilitation file and record for disabled;
- (c) the rate of making rehabilitation plan for disabled;
- (d) the coverage rate of medical rehabilitation services for disabled;
- (e) the improvement rate of functional training of disabled;
- (f) the changes of disability prevalence.

Services in educational rehabilitation: It includes regular education and special education for disabled people, while providing ideological and cultural education, strengthen physical and psychological compensation and vocational and technical training. Creating access to independent living for disabled. The examples below show the evaluation contents in educational rehabilitation services:

- (a) the rate of health and rehabilitation education to the community masses;
- (b) the enrolment rate of disabled children;
- (c) the training rate of parents or guardians of disabled children;
- (d) the anti-illiteracy rate of disabled people;
- (e) training rate of Braille for people with visual impairment.

Services in vocational rehabilitation: "Getting work" is one of the basic human rights. Vocational rehabilitation is an important task in the overall rehabilitation process as well as a measure for independent living of disabled persons. The examples below show the evaluation contents in vocational rehabilitation service:

- (a) vocational training rate of disabled persons;
- (b) The employment rate of disabled persons;
- (c) the increasing rate of income of disabled persons;

Services in social rehabilitation: Social rehabilitation means the measures through which disabled persons can take an active role in society and live a

independent life with full participation in family life and social activities and enable disabled people realize self-esteem and self-actualization. In conformity with the ultimate rehabilitation goals, CBR programme should provide social rehabilitation services. The examples below show the main points in the evaluation:

- (a) the changes of participation in social life of disabled persons.
- (b) the change of barrier-free facilities for the accessibility of disabled persons to roads, buildings and houses.
- (c) the change of facilities and accommodations for disabled persons at places of cultural, sports, recreation, etc.
- (d) the chance of activities for disabled persons.

3. Evaluation of social impacts from CBR

CBR is a course with one of the main purposes of making socially beneficial results. It appeals to create a social atmosphere with equality, justice, solidarity integration and dignity, An ideal CBR programme should be founded on positive attitude changes.

Usually the evaluation of social benefits is conducted by means of observation, discussion, questionnaire and interview, etc. Some examples are given below.

- (1) the opinion of the community leaders on the CBR programme.
- (2) the opinion of the community mass on the CBR programme.
- (3) the opinion of the disabled persons on the CBR programme.(or the approval rate of disabled persons to the CBR programme).

Part Three: Evaluation of Training Effects for Disabled Individual

At present time, there are many classification Standards on disability/disabled person in the world. Social and cultural factors affect the perceptions of disability or disabled person. General speaking, the common definition of disabled person is: A disabled person is the one who in his or her society is regarded or officially recognized as such, because of a difference in appearance and/or behaviour in combination with a functional limitation or an activity restriction. In the manual entitled "Training in the community for people with disabilities (TCPD), the disabled persons are defined based on "difficulties". for instance, people with difficulty seeing, difficulty hearing or speaking, difficulty moving, no feeling in the hands or feet, strange behaviour, fits and difficulty learning. In these evaluation guidelines of CBR, the above operational definition of disabled person will be used.

The evaluation of training effects for disabled individual can not only reflect the progress of the disabled persons after a period of rehabilitation training, but also the quality and quantity of implementation, management, resource utilization, technical application, in CBR programme. The rehabilitation effect of disabled person is influenced by many factors, such as the type and degree of disabilities, time and measure of training, etc. The functional assessment methods used in rehabilitation center (institution) are too sophisticated and specialized to be mastered by community staff. Therefore it should be considered to establish a kind of method which is simple, practical and easy to be used.

In these guidelines for evaluation of CBR, we try to take the "ability", i.e. daily living self-care ability, moving ability, work ability (learning ability) and social communication ability as the basis for the evaluation of training effect, in combination with the general income, employment, quality of life, schooling, education level, participation in social life and self-attitude of disabled person, in order to demonstrate what changes have happened since CBR programme has launched. (See tables 6.1-6.12)

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