Participatory Evaluation for Community-based Rehabilitation

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DECLARATION OF OWN WORK

I, Jörg Günter Weber, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Jörg Günter Weber **December 2016**

Abstract

Background

Community Based Rehabilitation (CBR) is the strategy promoted by the World Health Organization (WHO) and other United Nations (UN) agencies as an effective way to improve the lives and wellbeing of people with disabilities in underserved regions. During the last decade CBR has undergone major reconceptualization, and is now a multi-sectorial approach, as reflected in the new CBR guidelines. Evaluation of Community-based Rehabilitation (CBR) is considered important for developing good practice. However, evaluations remain scarce and as a consequence very little is known about how CBR benefits persons with disabilities and their families. Consensus is lacking about appropriate evaluation methods in CBR.

Leading international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the WHO CBR Guidelines have participation as one of the core principles in their human rights based approach to disability, including participation in programme evaluation. The WHO CBR Guidelines strongly recommend the application of participatory evaluation (PE) approaches in CBR. However, while there are many models of PE in mainstream development, it is unclear which may be appropriate for use in CBR.

The aim of this research is to identify, field test, adapt and assess an existing model of Participatory Evaluation (PE) in a real world environment. This thesis, rather than researching the impact of CBR on people with disabilities, focuses on the evaluation process itself and the variables that affect changes in stakeholders thinking and behavior as a result of engagement in the evaluation.

Methodology

There were two research components:

1. Selection of PE model to be adapted to CBR

Three steps were taken to provide background for an expert group to select one model for field-testing

- An online survey of current evaluation capacities and practices within CBR programmes internationally
- A systematic review of PE models used in international development
- A Delphi study with CBR experts to derive criteria for good PE models for CBR.

The expert group used the research findings and selected Outcome Mapping (OM) as PE model to be implemented and field-tested in a CBR programme in Jamaica

2. Field testing of the PE model in a Jamaican CBR programme

This research component consisted of three main elements:

- The implementation and adaptation of PE (OM) in a Jamaican CBR programme
- Interviews and focus groups collecting narratives about the evaluation process from stakeholders were undertaken to explore the usability of the adapted PE model in this programme. Changes in "process use", i.e. how the stakeholders in the evaluation learned from and acted upon their involvement in the PE processes, were explored
- The participatory development of a framework that participants felt could guide PE in CBR, one that can be locally adapted to different situations

Conclusion

The evaluation participants felt there were significant limitations of the OM approach in their setting and therefore proposed a substantially modified model. They favored a more fluid PE framework, which was flexible, adaptive and iterative, rather than a rigid approach, and one that focused on creating a safe space for sharing, learning and taking action.

The thesis concludes with a call for more critical and bottom-up approaches of evaluation that move away from control-oriented approaches towards a more experimental and adaptive problem and process-orientated mindset of evaluative thinking.

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List of Abbreviations

CoP	Community of Practice
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled people's organization
ICF	International Classification of Functioning, Disability and Health
IDDC	International Disability and Development Consortium
ID	International Development
ILO	International Labour Organization
IDS	Institute of Development Studies
JPS	Joint Position Statement
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MSC	Most Significant Change
NGO	Non-governmental Organization
PAR	Participatory Action Research
PE	Participatory Evaluation
UN	United Nations
UNESCO	United Nations Educational Scientific and Cultural Organization
WB	World Bank
WHO	World Health Organization

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Thesis Outline

This thesis is presented in the "research paper style" format, in accordance with the London School of Hygiene and Tropical Medicine research degree regulations. This thesis includes a series of research papers, which have been either published or submitted to peer-reviewed journals. This thesis is divided into four sections (sections A to D). Each section is sub-divided into chapters.

Section A includes the introductory chapter of the thesis with a background section on Community-based Rehabilitation (CBR), Participatory Evaluation (PE), a literature review and the rationale for this research (Chapter 1). Chapter 2 introduces the research questions, the aim and objectives of this thesis together with a summary overview of the methodology used.

Section B comprises four chapters (Chapters 3, 4, 5, 6), which describe the results of this PhD research study. Chapter 3 (published paper) presents an online survey on current practice and needs of evaluation in CBR. Chapter 4 and 5 describe and discuss the processes and results of choosing one PE model for field-testing. Chapter 6 presents the field-testing, adaptation and assessment of the PE model in one CBR programme in Jamaica.

Section C is a general discussion of the findings from this PhD research study with study conclusions and recommendations (Chapter 7).

Section D includes Bibliography and Appendices.

SECTION A

Chapter 1

Introduction

Preamble (Chapter 1)

This chapter provides an introductory overview of the concepts of disability and CBR. The results of a literature review conducted to identify approaches to CBR evaluation and opportunities for PE in CBR are presented and discussed. The last part of this chapter justifies the rationale for this doctoral research study.

1. Introduction

1.1. Background on disability

Defining disability: Medical, Social and Human Rights Model of disability

Recent estimates suggest that one billion people, or up to 15% of the global population may be affected by disability (1).

The World Report on Disability acknowledges that it is difficult to obtain an exact definition of disability, let alone reliable data about the prevalence of disability on a global scale (1). The document states that this is, at least in part, due to differences in the way disability is defined in different cultures, the reliability of the sources, and disclosure rates, phrasing it to say that "disability is complex, dynamic, multidimensional and contested" (1).

These factors present major obstacles for the agreement upon a universal definition of disability (2). However, defining disability remains a priority for many organisations, institutions and groups focussing on disability, serving measurement as well as policy and advocacy purposes. Common models used to describe, define and explain the concept of disability are: the medical model, the social model and the human rights model.

The medical model represents a view that equates disability with the presence of bodily impairments in an individual. This model promotes the possibility of remedying these impairments through medical or scientific means (3). Critics argue that focusing only on limitations leads to social degradation and promotes a pitiable and disempowered image of persons with disability (4). Further it ignores the role and impact of external factors and barriers.

The social model has been viewed as developing in response to the medical model, to reflect the lived experience of persons with disability. This model was first promulgated by disability groups in the UK in the mid- seventies. It emerged first from the political and intellectual arguments of the Union of Physically Impaired against segregation (UPIAS), a Disabled Persons

Organization (DPO) that dominated and set the tone for the subsequent development of the British disability movement (5). The demands of these activist groups led by disabled persons included the abolition of segregation, seeking control of representation of disability topics in the media and the formation of Disability organizations at local and national level. The social model of disability is therefore seen as a social-political umbrella term for mobilizing around disability. It moves disability away from a concept of impairment that can be treated by medical means, to disability as oppression. The social model emphasizes the cultural, social and economic barriers that prevent persons with disabilities from living like anybody else (5). It argues that removing these barriers would enable persons with disabilities to participate fully in mainstream society.

The human rights model of disability as advocated in the United Nations Convention on the rights of persons with disabilities (6) is often seen as a logical progression from the social model. It calls for political participation by people with disabilities, and for control over their own lives. It goes beyond a focus on removing barriers as the social model suggests, and argues that full participation is a human right (6).

Many disability researchers and activists, however, have concerns about defining disability. They argue that a single definition would, in their opinion, oversimplify disability into simple models or categorisations that will fail to address local diversity (7). Some go so far as to say that any universal categorisation will create a new instrument of oppression and will enforce neo-colonialism (8). Grech argues that models of disability, namely the social model of disability, articulate more the point of view and concerns of a European educated middle class and that these models are being used to legitimize and control a northern development agenda (8).

Statements such as "the evolution of the prevailing understanding of disability, moving away from a service delivery to a community development strategy…" (9) imply that there has been a linear continuum over the last 30 years, from the medical to the social and then to the human

rights model. However, evidence suggests that, in reality, the social or human rights model did not supersede the medical model, but that the basic principles of all three models still coexist in different disability policies and programmes (10). Additionally, the basic principles of any of the models mentioned have never been universally agreed upon, as demonstrated by the on-going discussions about ethical and conceptual questions about disability models between disability researchers and activists (3,7,8).

It is therefore evident that these models should be considered as indicators of the varying ideological and political attitudes towards disability over time, rather than claiming them to be a validated framework for defining disability.

The International Classification of Functioning, Disability and Health (ICF)

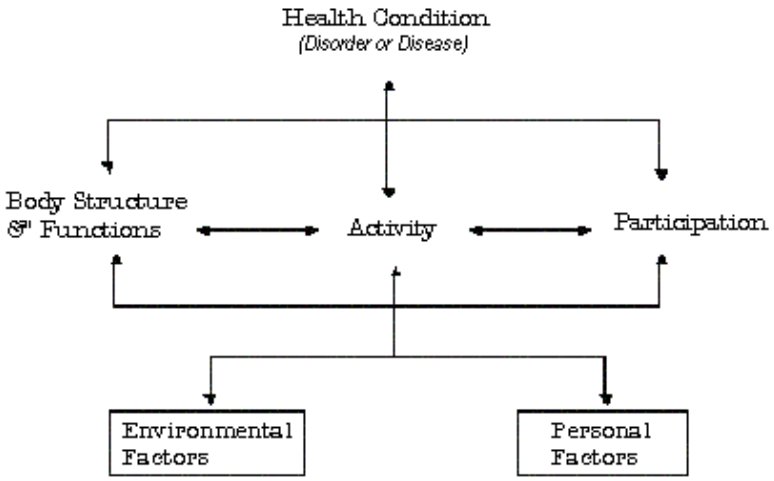
The International Classification of Functioning, Disability and Health (ICF) offers a conceptual framework for disability, which tries to build the bridge between individual experience, local context and global appeal (11). The ICF is the WHO framework for measuring health and disability at individual and population levels. It was officially endorsed by the WHO member states in the 54th World Health Assembly in 2001. The ICF provides a framework for conceptualising disability not only in terms of limitations in body function, but also considering that persons with disabilities often face restrictions to their inclusion and participation in society as a result of social and contextual factors beyond their physical impairment (12).

Problems of functioning are categorized in three interconnected areas:

- Impairments - defined as problems in body function or alteration in body structure
- Activity limitations – defined as difficulties in executing activities
- Participation restrictions - reflect problems regarding actively participating in life

Disability therefore arises from the interaction of health conditions with contextual factors, as shown in Figure 1.

Figure 1.1: The International Classification of Functioning, Disability and Health (ICF).



The ICF regards disability as a continuum, on which individuals are assessed without regard to whether or not they have a disability, which can be categorized. It represents a dynamic model incorporating biology, cognition as well as social and historic context, without using a fixed linear scale. The building blocks of the ICF allow for flexibility and assume that disability is both situational and contextual. It provides a standard language and conceptual basis for the definition and measurement of disability and a framework and model that can assist planning and communication across government and other sectors (12). The structure of the ICF enables users to design both measurement data for planning quantitative studies as well as generating descriptive data that can be used in qualitative studies. It uses a common language, terms and concepts, and suggests an organised data structure that can underpin information systems across different areas of policy and services. The ICF can be used in many different fields such as clinical practice, support services, population statistics, education, policy frameworks and advocacy initiatives.

There are on-going discussions around different aspects of the ICF, such as the reinsertion of impairment, which is criticised by some (13). However, most authors and practitioners seem to agree that the framework recognizes the historical, political and economical specificities of disability in different parts of the world.

Article 1 of the UN CRPD states the rights of persons with disabilities to "..the full and equal enjoyment of all human rights and fundamental freedoms" (6).

Despite this, there is data that indicates that disability continues to have a disadvantageous impact on people's lives. Evidence presented in the World Report on Disability (1) indicates that people with disabilities are more likely to face exclusion from school, have lower educational achievements, worse health outcomes, are less economically active, are at greater risk of poverty and are less likely to participate in community activities compared to people without disability (1). However, it is also important to recognise that disability is not a homogenous experience. For example, the lived experiences of women and girls with disabilities can be very different to that of men and boys (14). Equally people with different impairments may experience different types of barriers. For example a person with learning impairment might encounter social and legal barriers to access to education that a person with hearing impairment will not have. In addition to gender and type of impairment, there are many other factors that can also affect experiences, such as educational background, social status, wealth, political awareness and the place a person with disability lives in, such as rural or urban communities or depending on the country one resides. Children with disabilities may be attending school, but the quality of their educational experience might differ widely, depending on variables such as the expertise and confidence of the teachers, teacher support systems or the accessibility of facilities such as toilets (15).

For many people living in poor communities disability and poverty are a reinforcing cycle. In an environment of inadequate housing, poor nutrition, and lack of access to basic health and education services, people have less opportunity to find decent work and the opportunity to lift themselves and their families out of the poverty trap (16). For people with disabilities and their families this cycle of poverty is more severe and even harder to break, as disability can be both, a cause, as well as a consequence of poverty (16). When a person has a disability there are often on-going additional costs e.g. medical services or social service provision, that can push families into extreme poverty (15). At the same time poverty can be a cause of disability, for example through lack of access to preventive and curative health care, lack of access to clean water and sanitation or safe housing and employment opportunities. Groce et al (17) emphasize that these links between disability and poverty need careful, detailed analysis including research that reflects the complexity of this topic and that analyses more in depth the dynamics and causalities that exist between poverty and disability (17).

Given the diversity of types and impact of disability, as well as barriers to inclusion in different contexts, a range of mechanisms needs to be made available to maximise the participation of persons with disabilities in society.

Community Based Rehabilitation (CBR) is promoted by WHO, UNESCO, and the International Labour Organisation (ILO) as the intervention of choice in the global south to promote and support the inclusion of persons with disabilities in their communities.

1.2. Background on Community – based Rehabilitation (CBR)

Over the past decades, Community-based Rehabilitation (CBR) has been framed as a strategy to address the wider needs of people with disabilities. Promoted by the WHO and other United Nations agencies from the late 1970s, it developed into a practice model intended to maximize the

inclusion of persons with disabilities in their communities. Driven by the principles of cost- effectiveness, participation, use of local resources, and above all the inclusion of family and community, it is today perceived by many as a gold standard for working in the field of disability in the global south[1] (21,42,43). The CBR guidelines explicitly emphasize CBR as a model for the global South and this is followed for the purpose of this thesis. The vast majority of documented CBR programmes work in the Global South. This does not exclude the application of CBR principles in the global north, but there is very limited literature available on CBR implementation in countries of the global north (18).

Over the years, CBR has developed alongside the establishment of a set of guidelines, conferences and the development of various training manuals. CBR has been closely aligned to other growing trends in the development sector, including disability mainstreaming, and most recently disability-inclusive development (DID).

[1] The development of the term Global South highlights the uncomfortable reality of previous terms such as "Third World" or "Development Countries". Global South is commonly used to refer to countries or global regions that have "interconnected histories of colonialism, neo-imperialism and differential economic and social change through which large inequalities in living standards, life expectancy and access to resources are maintained." (16). The term has been used since the early 1980s by the World Bank and since 2000 by an increasing number of International Development Organisations. It cannot be understood strictly geographically but rather as economic and migratory. The majority of people in the so-called Global South actually live on the Northern Hemisphere.

1.2.1. The origins of CBR

It is widely claimed that CBR has been implemented worldwide for more than 35 years (19). Most writing on the topic, including the WHO CBR Guidelines, state that CBR was "first initiated by the WHO" (19) and began to develop following the Alma-Ata Declaration on Primary Health Care in 1978. Other sources suggest that CBR was "formulated" (20) or "first promoted" (21) at this time. The underlying assumption in all these documents is that CBR started as a direct consequence of the Alma-Ata conference, where the primary health care approach was promoted as a cost-effective way to organize health systems. In the final declaration of Alma-Ata, it reads "primary health care…addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitation services accordingly" (22).

Although the term CBR is not specifically mentioned in the Alma-Ata Declaration, it is probable that the declaration played a role in validating what was later promulgated by the WHO and other UN agencies as CBR.

The first documented initiative on a global level to advocate for locally accessible rehabilitation services preceding Alma Ata is the 1969 Killarney meeting, organized by the International Society for Rehabilitation of the Disabled (later renamed Rehabilitation International), where new approaches to rehabilitation in developing countries were discussed. At this meeting an approach called Community-based Rehabilitation (CBR) was decided upon (23). CBR as defined at this meeting signified movement away from a predominantly urban based, high tech and costly approach to rehabilitation, towards simple rehabilitation which people with disabilities, family members and health personnel could perform. The Killarney report took account of the fact that low-income countries often cannot afford the costs of professional rehabilitation infrastructure. Therefore, these services needed to be less reliant on experts and technology, and instead provide more economical and simple methods.

However, it was another seven years until the discussions and outcomes of the Killarney meeting were apparently followed up in Helander's 1976 WHO "Disability Prevention and Rehabilitation" report. This report presents CBR as a novel, common sense approach to facilitate primary rehabilitation in developing countries (19). The Alma-Ata Declaration reflects some basic ideas of this report, such as the inclusion of rehabilitation into the wider primary health systems, with the goal of making essential health services available to everybody (17).

These early initiatives drew some global attention to the concept of CBR, but it wasn't until the 1980's that CBR became more widely recognized and "branded" at international level. This was mainly influenced by two interconnected developments at that time.

First, the late 1960's and early 1970's witnessed controversial discussions in the field of disability and rehabilitation regarding inequality in service delivery between developed and developing countries (3). Simultaneously, a paradigm shift called de-institutionalization occurred which was marked by decreased use of institutionalization for people with disabilities and an increase in the development of community services as an alternative (25). Still in the 1960s people with disabilities were often segregated in long stay residential facilities (25). Even if the material conditions in these facilities appeared to be reasonably acceptable, which very often was not the case (26), DPOs rightly criticized that these institutions suppressed individual choice and personal expression and segregated individuals from their communities, thereby fostering a perception that people with disabilities are different and not able to take a place in society (26). The early models of de-institutionalization mainly addressed people with intellectual and developmental disabilities, especially in the US and the UK. The political pressure led over the subsequent decades to the steady closure of institutions and was marked by the development of community homes, new community services and funding categories (27). The Independent Living Movement in the United States has been an important part of these

initiatives. Part of its philosophy is the emphasis on the need to move the entry point for rehabilitation from urban centres towards communities.

The second factor was that international organisations, including WHO, ILO and UNICEF came to the realisation in the 1970's that health sector resources were disproportionately concentrated in urban hospital care and rehabilitation services. This meant that huge parts of the population, especially in low and middle-income countries, were without access to these services. The indirect economic consequences of this were of great concern. The Director-General of the WHO, Halfdan Mahler, expressed this in 1973 stating that the "results of lack of health care…are devastating [and lead to]: high infant and child mortality rates, malnutrition, rampant epidemic diseases, chronic diseases, disability and low productivity…"(28).

As a result, the WHO policy "Health for All" was established, and rehabilitation experts were hired to investigate and develop models to make rehabilitation accessible and affordable.

Although the term CBR started to be more widely used in the late 1970s, it is clear that self-rehabilitation, community disability workers and community mobilisation were actually not new concepts, and could be observed in many communities around the world. The experiences of Helander, who was one of the WHO officers responsible for drafting the report "Disability Prevention and Rehabilitation" in the mid 1970's support these observations. He describes existing systems of traditional Community-based Rehabilitation he observed during field visits he undertook in preparation for this report (29). He reports of the "hundreds of villages and urban slum areas visited…there were examples of disabled adults who have successfully trained themselves and of disabled children whom family members have trained….virtually none of these…had any access to rehabilitation professionals...no knowledge of anatomy or physiology or diagnosis or assessment techniques. Quite often they have

produced technical aids or appliances themselves with the help of a local craftsman. Some had managed to go to the local school and later found their way unassisted to a job or to self-employment. (29)" Helander reports that the effectiveness of the rehabilitation he saw on the field very often had results equal to those by professionals (29).

There is also documented evidence of traditional methods and systems of rehabilitation that existed before rehabilitation institutions and rehabilitation therapists were available (30). Miles (2007) lists examples from Asia and Africa showing that, in the absence of services and formally trained personnel, people rehabilitated themselves or were rehabilitated by their family or community members (30).

These examples show that on-going traditional and spontaneous methods of rehabilitation existed in many communities for a long time before the term CBR was used and that rehabilitation of persons with disabilities in the communities has been practised in most parts of the world for a long time (29). For this reason, traditional and indigenous ways of rehabilitation, how these efforts were influenced and affected by broader socio-political events inside and beyond the health sector, including developments in the disability sector, deserve greater appreciation and further research. Limited research on this subject suggests that CBR was invented neither by the UN nor other international agencies in the late 1970s but that at this time these agencies acknowledged the effectiveness and great potential of self-rehabilitation and rehabilitation provided by community members. It can therefore be argued that rehabilitation experts in the late 1970s did not invent a new community based approach to rehabilitation, but recognized and conceptualized what they had observed in communities and presented it to the world as an effective rehabilitation strategy for all.

1.2.2. Definitions of CBR

Over the last 30 years WHO, ILO and UNESCO have developed three key documents outlining the evolving definitions of CBR. These publications can

be regarded as the main sources of information on the conceptualization of CBR and are widely used to explain, define and justify what CBR is and what it is supposed to achieve (31).

Definition 1 (1983)

The first of these publications, the 1983 manual "Training Disabled People in the Community" (32), signified the first active move by WHO, ILO and UNESCO in branding and supporting CBR as a global strategy. The manual addressed policy makers and rehabilitation workers in developing countries, and provided simple steps to guide the rehabilitation process. This manual defines CBR as follows:

"Community-based Rehabilitation involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and handicapped persons themselves, their families, and their community as a whole" (32).

This definition reflects the paradigm shift from institution-based rehabilitation to the development of community rehabilitation resources that happened in Europe and North America in the late 1960's. CBR was introduced in this manual as a part of Primary Health Care (PHC), an approach promoted as the best way to improve health in low resource settings and to make basic services available to everybody.

The manual outlined the recommended basic process to be followed when implementing CBR; namely to implement rehabilitation activities at the community level and to enlist main stakeholders such as people with disabilities and their families. However, it did not provide concrete methods on how to accomplish this at the community level, nor provide guidance on entrance strategies to introduce CBR in countries of the global South (33). Finkenflügel (2005) argues that this first conceptualization of CBR by WHO/ ILO/ UNESCO failed to make disability a political issue or to embed it in social welfare or state labour programmes (33).

While UNDP, UNICEF, WHO, UNESCO and ILO all have their emblems on the cover page of this manual, it is notable that most of these organisations did not actually support the term CBR in the following years (33). For example, UNESCO published "The Disabled Child, The Family and The Community" (34) but instead of referring to the term CBR it uses terminology like "community support", "empowerment of communities" and "community participation" (34). Similarly, the UN document "World programme of action for the disabled persons" (35) describes comprehensively how persons with disability, the family and the community can effectively work together in the rehabilitation process, but the term CBR is not used.

Definition 2 (1994)

In 1994 WHO, UNICEF, and ILO published a "Joint Position Paper" on CBR (36). This paper defines CBR as:

"a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented though the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services". (36)

This position paper brought CBR further in its conceptual development, by placing CBR within a system of abstract theories, such as social integration and community development. The definition in this paper goes beyond rehabilitation as presented in the 1983 manual, and includes concepts of community development, equalization of opportunities and social integration as basic principles of CBR work. However, these three concepts are not further broken down or contextualized in the position paper. For example, community development is a complex concept with often overlapping definitions and a huge diversity of sometimes-contradictory beliefs, methods and approaches used (37). No guidance was given in the Joint Position Paper as to the precise nature, context and direction of community development that CBR was supposed to be embedded in.

Moreover, there was an absence of explanation about how these constructs can form different relations to each other in different contexts. In some contexts CBR and community development may mean that a group of people in a community, takes action to address disability related matters, that are not addressed to the satisfaction of direct action participants through local government entities such as school inclusion of physical rehabilitation (19). In other contexts, CBR in community development focuses on the existing system and seeks to ensure that people with disabilities are active stakeholders in existing development initiatives, processes and policies. The CBR position paper does not discuss how the concepts of CBR and community development may be related to each other in different ways in different contexts.

The 1994 CBR definition is more operational in nature than its preceding definition, listing potential stakeholders and pointing at the multisectorial characteristics of CBR. The definition specifically adds health, education and social services to the stakeholders listed. This seems to reflect the way CBR was being carried out at the time rather than an attempt to introduce new pathways of implementation.

Despite these advances, there were still a number of limitations to the 1994 definition. The Joint Position Paper talks about "combined efforts" but does not specify exactly what the roles and responsibilities of the CBR stakeholders are. Importantly, it does not mention CBR field workers who are key in the implementation in CBR. Finkenflügel identifies this lack of understanding about the different CBR stakeholders as a major barrier to a generic programme theory that could more effectively steer planning, implementation and evaluation of CBR (33).

Definition 3 (2004)

Following an international consultation, a "CBR position paper" was published in 2004 by WHO, ILO and UNESCO (38). The paper defines CBR as:

"a strategy within general community development for the rehabilitation, poverty reduction, equalization of opportunities and social inclusion of all people with disabilities" and promotes the implementation of CBR programmes through the "combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services" (38).

This broader definition has a strong emphasis, lacking in earlier definitions, on placing CBR as a facilitator for mainstreaming disability. In this definition CBR is seen as a strategy to remove barriers to access to all services offered in the community. It highlights that to reach this goal it is necessary to include CBR in community development and poverty reduction programmes recognising that poverty is a key determinant of disability (38).

While the 1994 definition identifies in a more general way the "appropriate health, educational, vocational and social services" (36) as main CBR stakeholders, this reviewed definition specifies both governmental and non-governmental services. This reflects as well as non-governmental agencies, that government support is essential in order for CBR to be sustainable. However, CBR fieldworkers are again not mentioned in the definition given. It is unclear why they have not been included in any of these definitions. This omission is particularly surprising given that the need for and importance of CBR fieldworkers was advocated by the WHO since the publication of the manual "Training Disabled People in the Community" in 1983 (39). In this manual the involvement of field workers in the training of people with disabilities was considered as one of the key elements of CBR. The field workers were described as the link between people with disabilities and their families, communities and vocational, social, health, educational and other services. The first publications from the mid 1980s reporting on the work of CBR field workers reflect the diversity and

differences in the way CBR programmes and CBR trainings have been conceptualized and implemented (78,79,81). The field workers were, in some programmes, working on a voluntary basis, while in other places they were part of the work force of primary health teams and employed either by NGOs or government agencies. It is clear that CBR field workers play a key role in providing basic assistance for people with disabilities in the management of their daily lives, facilitating contact with basic services, promoting equal access to opportunities and promoting community awareness, involvement and mobilisation around disability issues (40).

Much of the work done by CBR workers has been and still is done on a voluntary basis and for many the only training they receive is directly hands-on in the field (41). Additionally, much of the CBR fieldwork is performed by women and mothers of disabled children (40). The skills needed to perform this work, such as knowledge about disability, simple techniques of rehabilitation and how to prepare a child for school inclusion, to name a few, are often limited by the lack of opportunities and resources for training. Also employment opportunities are constrained by the lack of certification and education opportunities as well as the responsibilities of being a carer (41).

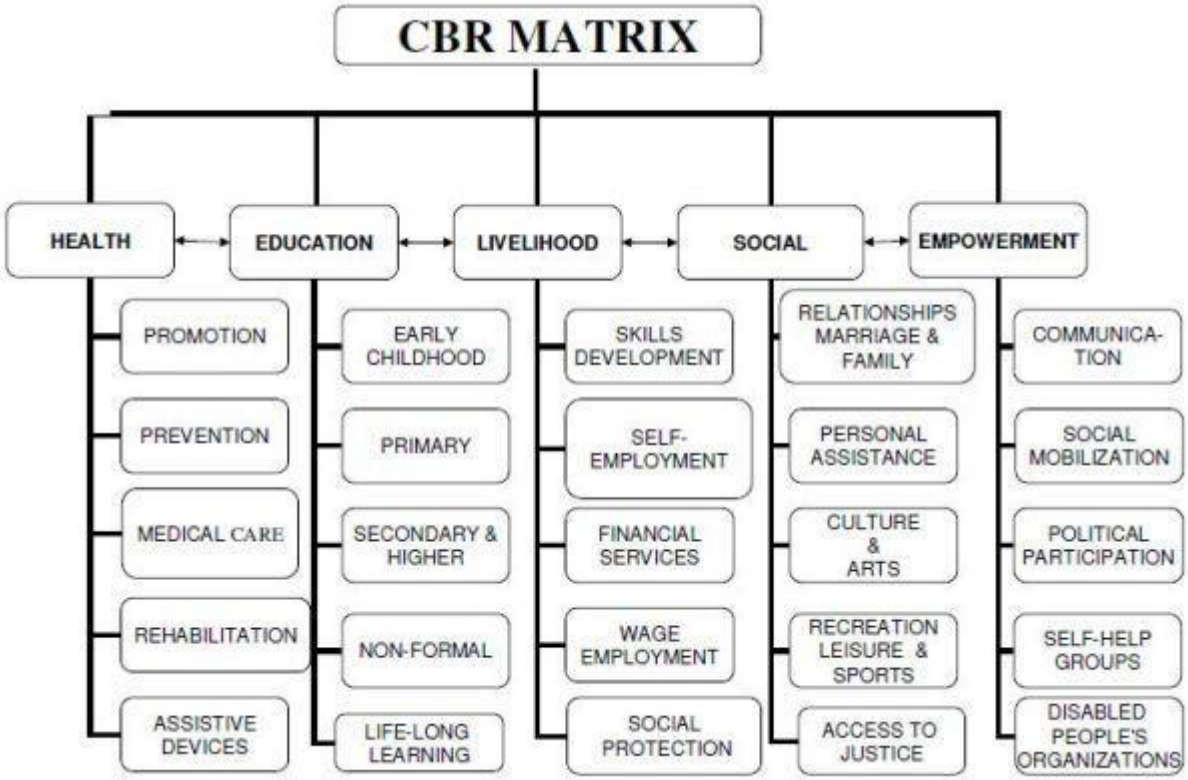
CBR workers are crucial to the good operation of CBR and as such should have been included in the WHO CBR definitions, not only recognizing their importance but also to legitimize their role in the delivery of CBR and to encourage and foster better training opportunities for them.

CBR Guidelines (2010)

In 2010 WHO published its CBR Guidelines, which used the 2004 definition of CBR (19). These guidelines introduce a matrix that illustrates the multisectoral strategy of CBR emphasizing that CBR not only provides rehabilitative services but works also in other sectors, such as education, livelihood, empowerment and the social sector.

The CBR matrix, shown in Figure 2, highlights the different sectors and key elements, which can make up a CBR strategy. The matrix is a visual representation to outline the scope of possible work in CBR, with various aspects which can be selected, However, critics argue that it does not explain how the areas that the matrix represent are linked to a broader rationale and theories and therefore that a sound conceptual basis of CBR is still lacking (40). Still missing is an agreed definition of CBR that outlines what CBR means and how it relates to other conceptual definitions in disability such as community development and social inclusion.

Figure 1.2: CBR Matrix



In summary, changing definitions reflect changes in the evolving nature of CBR alongside wider shifts in international development. The evolving definitions recognize the needs and rights of persons with disabilities beyond medical issues.

Still missing is a globally agreed definition of CBR that outlines what CBR means and how it relates to other conceptual definitions such as community development and social inclusion. This is perhaps unsurprising given the complexity and diversity of activities that fall under the umbrella term of CBR. Indeed considering this it is questionable as to whether a global definition is in fact possible or desirable. Recent studies suggest that any formal definitions of CBR included in the CBR guidelines and other UN documents are not well known to CBR practitioners. Instead the broad notion and practices of CBR, as described in the CBR guidelines, are absorbed and adapted to the local context. For example, Grech describes in a qualitative study in Central America (40), that many CBR practitioners felt that they were undertaking CBR even before they knew of the term or

before external stakeholders such as International Development Organizations or government units introduced it. As some study participants pointed out, CBR was for them simply a label that "helped frame and conceptualize the practice they were engaging in, something, they felt was in practice borne on the ground.."(40).

Similarly, a recent PULSE survey undertaken by the WHO in preparation of the 2nd CBR world congress 2016 shows that CBR programmes lack an all-encompassing definition and the programmes ranged from pure medical oriented to strongly human rights based or more cross-sectorial comprehensive strategies (41). The survey also found that some so called 'CBR programmes', do not use the term CBR themselves but rather use local definitions that include descriptions such as "local disability empowerment programme", "participatory local disability approach" or "participatory rehabilitation strategy" (41).

These studies highlight the huge variability in the programmes and initiatives labelled CBR as well as the stakeholders who see themselves as contributing to it. Further they show that many programmes do not use the term CBR, but rather use their own local programme definitions. In light of this it may be useful to rethink the efforts towards a standardized global definition, and rather embrace the diversity of CBR as it is currently practiced and recognize what CBR practitioners and participants perceive as CBR, including how they call it. Not applying a global definition to CBR would still allow local CBR programmes to flexibly implement and adapt programme activities, planning tools, evaluations, advocacy measures and CBR interventions, as proposed in the CBR guidelines to the local context. CBR should therefore be what local stakeholders define to be CBR in their context.

In summary, changing and developing definitions of CBR by WHO and other UN agencies reflect changes in the evolving nature of CBR alongside shifts in international development. At the same time local initiatives and programmes are developing contextually and circumstantially, adapting the

term CBR and having their own local definition and practice of CBR. It therefore seems to be more useful and practical to accept local definitions and conceptualizations and to build on what local stakeholders perceive as CBR.

1.3. Background on evaluation

1.3.1. Introduction

CBR is claimed to be implemented in more than 100 countries worldwide (19) and CBR programmes are considered to be fundamental for improving the wellbeing of persons with disabilities and for fostering their participation in the communities (43).

However, there are concerns regarding the lack evidence of the effectiveness of CBR (40, 42, 43, 44). According to Miles (2007) "CBR knowledge is still thin, scattered, unreliable, unrecorded or unpublished" (30).

Two systematic reviews on the effectiveness of CBR have been conducted. Finkenflügel, in 2005, concluded that the amount of literature available would not be sufficient to perform a meta-analysis on most aspects of CBR and that the "effectiveness of CBR cannot sufficiently be established" (33). He is also critical regarding the low scientific quality of most articles published (33). The most comprehensive review to date, on the impact of CBR for people with disabilities in low and middle-income countries, identified only 15 studies that met the quality inclusion criteria (35). The authors of this paper suggest that CBR interventions might be beneficial but point at the "scarcity of good quality evidence" (44).

A key factor hindering the CBR evidence base is the lack of guidance on how to evaluate CBR with its diverse forms of implementation, approaches and methods. (33,42,43,44). As a result claims of the effectiveness of CBR remain unproven. Llemi et al conclude that evaluation approaches are needed that can "capture the complexity of CBR and the variety of disabilities in CBR programmes" (42).

Since the publication of the Joint Position Paper in 2004, an increasing number of authors highlight evaluation as being key to measuring the results of CBR, and thereby improve its credibility and evidence base (33,40,42,43,44). This reflects the broad consensus in the international development community that one of the main ways of demonstrating and enhancing development effectiveness, in the current climate of budget constraints, is the implementation of context appropriate evaluation systems (45, 46).

Evaluations are considered by many donor organizations, NGOs and government agencies around the globe to be key for providing robust information on what does work and what does not, and to help identify the most valuable and efficient use of resources (48,49,50). Accordingly, development organizations of all sizes and shapes have commissioned evaluations at an increasing rate since the early 1990s and a steadily expanding number of evaluation tools and methods have been developed and refined to serve a growing number of evaluation professionals working in international development (49).

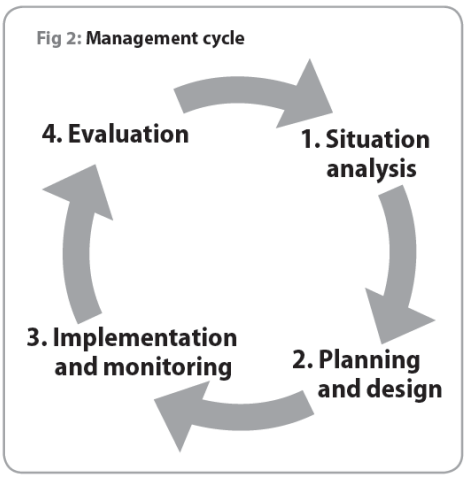
1.3.2. What is evaluation?

Evaluation is not a unified discipline, but rather a broad concept with different perspectives on what constitutes methodological rigour and best practice (49). Rather than being a well-defined term, 'evaluation' can be considered as an umbrella term that includes different elements. For example, it can include:

Evaluation at the programme of project level that sits within a framework of a management cycle. The CBR guidelines define evaluation at the programme level as the final stage of the management cycle (see figure 3), which involves making judgements about merit and worth of an intervention. Evaluation can lead to a decision to continue, change or stop projects, programmes or activities. Evaluations can be conducted internally,

involving a broad range of programme stakeholders at various levels of the evaluation process (participatory evaluation), or by external evaluators.

Figure 1.3: Management cycle from the CBR Guidelines



Evaluative studies conducted externally are often for external accountability purposes and requirements of donors or to answer questions about the programme's long-term impact. External evaluations are conducted periodically (in contrast to often on-going internal evaluations) and are usually conducted by a professional evaluator.

The role of evaluation theory

The field of evaluation theory, the scholastic body of knowledge that attempts to organize, structure and conceptualize knowledge around evaluation, does not provide specific guidance as to what evaluation approaches are most appropriate for a certain area in development. Evaluation theory has evolved slowly and its development has not been linear (49,50). The evaluation of development programmes emerged as a distinct field in from the late 1960's, when practitioners working in different areas of international development began to interact with each other and writers started to consolidate lessons learned in their evaluation practice and tried to conceptualize a body of knowledge and theories.

Literature on evaluation in international development emphasizes that no single understanding of the term evaluation theory is accepted and that there is no agreed scholastic body of scientific thinking, categories and terminology in this field. As a collection of ideas, evaluation theory is multi-facetted (49,51,52). Patton points out that the field of evaluation theory should be understood as a constantly changing, diverse body of knowledge that tries to organize categories, describes, predicts and "otherwise aids in understanding and controlling the topic of evaluation" (52). Over the past decades literature on evaluation theory has focused on issues such as evaluation timing, evaluation focus, whether programme participants should or should not participate in evaluations and how context may affect evaluations. Additionally topics such as what constitutes evaluation evidence, the role of evaluation use, and the development of various frameworks of theories of change, have been discussed in the literature. Therefore, it can be said that rather than a logical and structured evaluation theory, there is an extensive and diverse body of literature discussing how to best measure what works and what doesn't work in international development, and a plethora of evaluation approaches have been developed that attempt to put these approaches into practice.

Evaluation Purpose

Though evaluation approaches differ, it can be said that ultimately what they all have in common is that they attempt to bring about improvements in programmes so that programmes better meet the needs that they were designed to address. However they identify these improvements (or lessons to be learnt) by different means. Programme evaluation in the field of international development, is used across different disciplines, such as agriculture, womens' programmes, health programmes, to name a few and in many countries across the globe. To meet the programme and context specific requirements the evaluation approach therefore needs to be context specific and take into consideration the purpose for which the evaluation is undertaken (50).

Choosing an evaluation approach for any area, including CBR, requires clarity about the purpose of the evaluation and the questions that the evaluation intends to address. Patton suggests six distinct evaluation purposes (49):

Accountability: Demonstrating that the resources are well managed and that the programmes efficiently attains desired and planned results.
Judgement and Valuing of overall programme: This informs decisions relating to the value and future direction of the programme.
Programme Development: Adapting the programme in emergent and dynamic situations.
Monitoring: Managing the problem and identifying the problems early.
Learning: Improving the programme.
Knowledge Generation: Enhancing the understanding of the programme's operations.

Patton acknowledges that a programme evaluation may have more than one evaluation purpose (49). Within the international development community, there is little clarity about the conditions under which different types of evaluation, such as for management, accountability or learning purposes, are appropriate. The reasons to conduct an evaluation may vary according to stakeholder interests and context, thus evaluations may serve multiple and often overlapping purposes (50,53). CBR programmes, may choose one or several of the above six areas to be addressed in a programme evaluation, depending on the actual demands and circumstances. Further, to address these areas, CBR programmes might choose one or more of the different evaluation approaches that are available and seem to "do the job". For example to answer questions of accountability, such as whether funds are being used for intended purposes or whether resources are being efficiently allocated a programme audit (47) or a performance measurement (48), might be the most relevant. If a CBR

programme, on the other hand wants to investigate lessons learned or principles that can be extracted to inform future practice (Knowledge Generation and Learning), stakeholder centred or participatory approaches to evaluation might be more suited.

The diverse range of evaluation purposes has led to much debate about the most appropriate approaches to be employed in developmental evaluation (46,48,50,53) and what is practical, achievable and compatible with programme as well as donor's needs and requirements. It has also resulted in the creation of a plethora of evaluation approaches, theories, manuals and user guides. Patton describes this situation:

"The field of evaluation already has a rich variety of contrasting, models, competing purposes, alternative methods and divergent techniques that can be applied to projects and organizational innovations that vary in scope, comprehensiveness and complexity. The challenge, then, to evaluation is to match the nature of the initiative being evaluated" (52).

In summary, there are different evaluation approaches in international development, which may be appropriate in different contexts and depending on the purpose of the evaluation. These will be outlined in the next section.

Approaches to evaluation in international development (the dilemma of choosing the right approach)

In evaluation literature the term "evaluation approach" is being used as an overarching term to describe and conceptualize underlying forms of evaluation philosophies and paradigms (48). Many authors have developed approaches to programme evaluation that can address one or more evaluation purpose. However, to the best of my knowledge, no recommended list or matrix of approaches has been developed that can

assist evaluators to choose the "right" approach in a specific context. Nor is there any general agreement in the literature of a single evaluation approach that is best for one sector, such as for example health or livelihood programmes. Thus, choosing among a plethora of approaches available in the broad field of evaluation theory can seem daunting.

Dart is one of the few authors to present a broad classification of evaluation approaches that summarizes and structures some of the main trends in development evaluation. She acknowledges, however that her classification is "overly simplistic, because of the complexity of the models they attempt to classify" (53) and points out that one would probably need a three dimensional map to structure evaluation approaches used in international development to plot a full picture, and even then some of the models would have to be moved back and forth between one category and another to show their overlap.
Nevertheless Dart's classification provides a useful tool to conceptualize and understand the basic rationale behind evaluation approaches and how they overlap.

She proposes a classification of six broad approaches, each of which is briefly introduced below:

- Experimental approaches
- Testing objectives approaches
- Decision-management approaches
- Judgemental approaches
- Theory driven approaches
- Pluralist intuitionist approaches (including participatory evaluation)

The theories behind experimental approaches and testing-objectives approaches have been partly superseded by the more "modern" approaches, especially theory driven and pluralist intuitionist approaches.

However, they are still practiced and the criticism they have received has paved the way to the development of new approaches.

Experimental approaches

Experimental approaches view evaluation as a means to create theory and knowledge by verifiable empirical data. Advocates of this approach promote the use of experimental and quasi-experimental designs, such as Randomly Controlled Trials (RCTs), where interventions are randomly assigned to either a specific programme intervention, or a control group. Experimental approaches often have a pre- post-test design, so that changes can be monitored before and after the intervention to determine whether certain programme variables affect the programme outcomes.

Experimental evaluation designs in international development have come under criticism from the mid 1980s. Theory driven evaluators such as Pawson and Tilley attack experimental evaluation for yielding little in terms of learning about programmes:

" … By its very own logic, experimental evaluation either ignores underlying processes, or treats them incorrectly as inputs, outputs or cofounding variables, or deals with them in a post hoc and thus arbitrary fashion.."(54).

Other critics point out that it is virtually impossible to apply experimental evaluation to the complex and constantly changing conditions of real life programmes as well as it being too difficult to control variables among programme stakeholders. For practical purposes experimental designs often exclude contextual factors such as socio-cultural realities and power relationships. The contextual factors, many argue (46, 48, 55) might be indeed the very thing evaluators should be interested in. Feinstein therefore stresses that experimental evaluation approaches cannot fully take into

account either the key mechanisms linking programmes with the intended outcomes or the richness of heterogeneous contexts (55). Despite their obvious limitations in the field of development programmes, experimental designs are still reported (45,46,47).

In the field of CBR experimental approaches are hardly documented in the literature (42). Given the concerns expressed in other fields in international development, as outlined above, it can be questioned whether experimental approaches should be used in CBR, as it is a complex intervention with multiple activities and stakeholders. Additionally, CBR is context specific and it can be argued that an intervention that is proven to 'work' in one CBR setting and socio-cultural environment can be successfully duplicated in another situation.

Testing-objectives approaches

Testing objectives approaches in evaluation focus on whether the objectives or goal of the programme have been achieved. This approach developed in the 1960s was often referred to as "educational evaluation" (54). The careful articulation of the programme objectives, which is an essential part of the objective testing approach, can have a positive impact for programme planning as well as delivery (53).
However, there has been criticism that results of this approach are often not made public until the programme, or the programme cycle that is under evaluation are complete, which implies that it is difficult to modify the programme during an evaluation. Critics also point out that in many cases programme implementers are reluctant to stipulate pre-determined objectives and outcomes, as they are unsure during the planning stage about appropriate and achievable objectives (53). Additionally, as Scriven points out, the objectives themselves should be subject to scrutiny, since the extent to which these goals have been achieved does not necessarily

determine the impact of the programme on the end users or society and the communities they are serving (56).
Having said this many bilateral agencies and donors in international development, including those working with CBR programmes, continue to use the testing-objective approaches. For example the continued importance of the logframe in donor – CBR programme relations is witness to this (40). Many CBR donors still require programmes to develop and report on objectives that are embedded in a linear logframe design and are supposed to be executed over a timeframe of 3 or more years. Arguably this is not only unrealistic, considering the constant change and adaptations in real life programme implementations, but it additionally contributes to lack of flexibility and adaptability to changing needs on both sides.

Decision management approaches

Decision management approaches produce findings that can be used to bring about effective decision making for programmes and that aim to serve decision makers needs in managing programmes. Prominent examples in this category are Paton's Utilization Focused Evaluation and Stufflebeam's CIPP model (context, input, process, product) (49,57).

Decision-making approaches primarily aim to serve the needs of programme managers rather than programme participants or the wider stakeholder community. However, this does not mean that these approaches do not take into account the needs of the primary intended users. Patton, probably the most cited advocate of decision management approaches, describes Utilization Focused Evaluation (UFE) as:

"..the systematic collection of information about the activities, characteristics and outcomes of the programmes to inform decisions about future programming. Utilization Focused Evaluation is done for and with specific intended primary users for specific, intended users…"(49).

Patton suggest therefore that evaluations should be planned and conducted in a way that enhance the likeliness of their findings to inform programme decisions and improve performance. To achieve this UFE requires active and skilled guidance and facilitation.

While decision-making approaches offer suggestions for increasing the likelihood of evaluations being used, they have been criticized for the close relationship between evaluators and the programme management and their inability to present unpalatable information to the programme management, which may ultimately compromise their effectiveness (54).

Judgement approaches

In Judgement approaches, evaluation is seen as a determination of the merit or worth of a programme. Many evaluation models used in international development fall, at least partially, under this genre, as part of their aim is to conduct a judgement of the worth of a programmes input. Almost every donor driven evaluation will contain the judgement element, which often serves to support a decision for further funding or stop funding programme activities. An example in CBR of a judgemental approach is Thorburn's report of a parent's evaluation of the 3Ds project in Jamaica, where parents of CBR clients receiving home-based services were interviewed to help assess the programme's merit (89).

An extreme example of a judgement approach is Scriven's "goal free evaluation" which begins the evaluation process without knowledge of the programme's stated goals. According to Scriven "..evaluations have to discover the effect the programme has and model the effect against the needs of those who they affect…"(56). The evaluator's job in goal free evaluation is therefore to look beyond the formulated goals of the programme itself, at any programme effects, including unintended ones

that might help to improve society as a whole rather than only the intended beneficiaries.
Critics of Scriven`s approach state that a goal free evaluator avoids contact with the programme staff, because they may bias the conceptualization of the evaluation questions and therefore directs the data in only one direction, namely "away from the stated concerns of people who run the programme…" (Patton). In this way the problems that the programme needs to address may be neglected and ultimately not efficiently addressed.

Patton suggests, while goal free evaluation might be useful in theory, it is not a practical approach (49). While the judgement approach in its less extreme form, involving the judgement of an evaluator or a group of evaluators is inherent in many evaluation practices in international development, only a few cases of goal free evaluation have been documented.

Theory guided approaches

Since the beginning of the 1990s there has been a growing interest in theory-guided approaches to evaluation in international development (48,51,54). These approaches involve the construction of programme theory models that show how the programme intends to achieve its intended outcomes, or as Donaldson formulated it "..the construction of plausible and sensible models of how a programme is supposed to work.."(48) and then assess how this has been achieved. Theory guided approaches go beyond looking at whether a programme works, but rather how a programme works and what aspects of a programme work in which situation and why.

One prominent model of this approach is Pawson and Tyler's Realist Evaluation (54). Realist evaluation, developed in the UK in the late 1990s builds on and develops broad programme theories by asking " what works

for whom, under what conditions and in what respect?" (54). Chen suggests the big advantage of theory based evaluation is that, in contrary to simple input/output (or black box) type of evaluations, characterized by a step by step method that fails to identify the underlying mechanisms leading to programme impact, theory guided frameworks can better point at the deficiencies of the programme theory and hence help to improve a programme (58).

While other writers acknowledge that understanding a programme theory might be advantageous, they criticize that unpacking the black box is unnecessary, too time-consuming for some evaluations, and might be overkill in small programmes with clear objectives and limited funding for evaluation (53,56). Scriven argues that applying theory driven evaluations might not be appropriate for all evaluation questions, especially where the cost-benefit ratio of extensive evaluation activities is not justifiable (56). A programme, for example that needs to answer the question whether a certain number of beneficiaries have received a certain service e.g. surgical intervention or a medication, would probably not need to discuss the underlying programme theory to answer this specific question.

Bamberger et al additionally argue that theory driven evaluations do not sufficiently consider how the evaluation findings are being used in practice (46). The use of theory-guided evaluations is not well documented in CBR. However, theory based approaches may better explore the how and why of programme success and failure in CBR as well as help evaluators address the challenge of complexity of CBR interventions. Further research on theory-based approaches in CBR is therefore needed and evaluators should be encouraged to publish their experiences with these approaches in the field of CBR.

Pluralist intuitionist approaches

Pluralist intuitionist approaches to evaluation are stakeholder centred and reinforce the inclusion of different perspectives. They evolved as a reaction to positivist approaches, notably experimental approaches, and were first introduced through evaluation models presented by Gubba and Lincoln (60). Additionally a plethora of participatory monitoring and evaluation models, have been developed since the 1970s.

Gubba and Lincoln's Fourth Generation Evaluation model considers empowerment and learning to be more important in evaluation than subjectively verifiable factual validity (60). This is achieved by involving a broad range of participants that include and share their views in the evaluation processes and outcomes. Pluralist intuitionist approaches reject the existence of a singular reality. Instead they place factors such as apprehending reality, the inclusion of different perspectives and consensus higher than scientific rigor and an evaluator's judgement (60).
Numerous authors point to the advantages of Pluralist Intuitionist approaches, such as the enfranchisement and empowerment of programme participants, as well as an orientation towards translating the evaluation findings into action (50,52,53,59,60).

As Dart points out, pluralist intuitionist approaches are not appropriate in every context, as in some cases they may not meet the information needs of the main evaluation stakeholders for example where stakeholders request firm recommendations for their programme or where consensus might not be a realistic option, such as in the case of strong political or social differences (53). Additionally, consensus might not always be a helpful aim, if it were gained at the expense of weaker stakeholder groups being silenced by a majority opinion.

A key feature of pluralist intuitionist approaches is the concept of participation. Participatory approaches to development, such as Participatory Rural Appraisal and Rapid Rural Appraisal evolved throughout

the 1980's and 1990's. By the 1990's and continuing to the present day, participation has become a buzzword in international development and an expected mainstream pillar of development work (58).

Participatory Evaluation (PE)

From the late 1970s there was increasing attention to evaluations that prioritizes the evaluation by participants and there was increasing focus on the notion of participation rather than questions about whether programme objectives were achieved. Estrella et al reflect on this development when they observes an increasing orientation towards responsive evaluation processes, that involves stakeholders in the field, in the collection, analysis and learning stages of the evaluation rather than "using" them as data collectors or merely sources of information (58).

In the late 1980s there was a strong movement in International Development (and recently in business and other sectors) promoting evaluations that actively involve local stakeholders throughout in order to make the evaluation process and findings as useful as possible (53,59,62). This has led to the development of participatory approaches to evaluation, which have become increasingly important, especially in community development programmes. Participatory evaluation approaches have been used in a variety of contexts and settings, including livelihood, agriculture, rural health promotion and micro-credit schemes (58).

There is no single definition of PE and there are a great variety of concepts, methods and applications, which have been used (58,59). The common characteristics of PE approaches are summarized by Mayoux and Chambers (59) as having:

- "Empowerment goal":

  The participants should be the key beneficiaries of evaluation processes and outcomes.

- "Participatory process":

  A broad range of stakeholders are involved in collecting, analysing and disseminating the information.

- "Accessible tools":

  The tools used enable all stakeholders to fully participate in the evaluation process.

A prominent example of the practical and holistic use of these paradigms is the case study of the Nepal-UK Community Forestry Project (61). In this participatory evaluation four tools based on pictures ("accessible tools") were developed in order to create ease of understanding amongst less literate groups allowing for a learner–oriented approach ("empowerment goal") involving all stakeholder groups ("participatory process").

The increasing use and application of PE approaches in international development, aligned with a shift from accountability and judgement as the main purposes of evaluation (see experimental and judgemental approaches), to a stronger emphasis on learning, knowledge generation and stakeholder empowerment (46,59). PE is considered an important tool for enabling people who are marginalized and less literate to share their opinions about the programme (59,62). Aubel describes PE as an empowerment strategy to create a reflective culture, arrive at informed decisions and involve those people who, as key stakeholders, are most likely to use the results (62). Patton emphasizes that to reach the empowerment goal in evaluation, local communities should control both process and data utilization (49).

Participatory approaches to evaluation are now promoted by bilateral agencies, and increasingly by local decision makers, to more effectively incorporate the perspective of local stakeholders in policy development, programme implementation and decision-making. According to Lennie this is due to the "mounting evidence that Participatory Evaluation produces positive results and is particularly useful in assessing the impacts of

complex system change...” (63).

Despite recent enthusiasm around the potential of participatory approaches in evaluation, some authors warn that it is not sufficient to just provide development workers with a new set of evaluation tools, but that the sustainability and effectiveness of these tools needs to be ensured. Mayoux points out that the adoption of PE approaches “requires a shift in focus, time, skills, resources and attitude” (59). Additionally some authors suggest that the conceptual discussions around participation in general, and PE in particular, is an area of research and practice that seems to be developing without sufficient input from people from the global south (7,16). Grech calls to challenge the epistomologic and academic “neo-colonialization we continue to witness” by scholars “importing meanings and notions of participation” into the global south without asking the people on the ground implementing PE or Participatory Action Research (PAR) whether they agree with these notions and their meaning (16). These concerns are important and more emphasis needs to be given in future to the processes, including research, around the theorization of the notion of “participation” beyond the Northern discursive structures of categorization.

Dart’s proposed classification of evaluation approaches in international development as introduced in this section does not claim to be exhaustive nor does it capture all approaches that exist in evaluation theory and practice. However it aids understanding of the wide variety of different theories and accompanying approaches for evaluation in international development.

In most evaluation models, the concepts and underlying philosophy of more than one single approach is adopted, entirely or partially, to meet the diverse needs of programme stakeholders and to guide the evaluation. Outcome Mapping for example, a widely used evaluation model that is discussed in more depth later in this thesis, combines the participatory

philosophy of pluralist intuitionist approaches with a rudimentary theory driven framework and can be used to inform judgement as well as to inform decision making processes of the management.
Discussions in the area of international development around how to best measure programme performance and implementation, and the changes programmes seek to bring ("did we do what we said we would do"), are on-going and different factors influence the choice of evaluation approach(es) for each programme, including CBR programmes.

Why PE in CBR?

There is a strong rationale for the use of participatory evaluation in CBR. The Joint Position Paper of 2004 is one of the first and most prominent calls for an active role of Disabled Persons Organisations (DPOs) and persons with disabilities and their families to be the driving force of CBR programmes, and not solely passive recipients of services. It explicitly encourages persons with disabilities to promote community control and ownership of CBR programmes by taking leadership roles in implementing these programmes, controlling the resources connected to CBR activities, as well as taking leadership in monitoring and evaluation processes (38).
Six years after this call, the CBR Guidelines further supported the active participation of persons with disabilities and their families in these processes. The paper states: "One of the key threads running through all CBR programmes is participation - all key stakeholders, particularly people with disabilities and their family members, are actively involved at all stages of the management cycle" (19).

This statement is supported by the recommendations of other recent international frameworks on disability, such as the UN Convention on the Rights of Persons with Disabilities (6) and the World Report on Disability (1). Both of these documents highlight the need for increased stakeholder

participation, including in evaluation. However, it is currently unclear how evaluations in CBR are being done and the extent to which they are participatory.

Summary

In summary, there are a variety of evaluation approaches, including non-participatory and third party evaluations that have the potential to enhance the evidence base of CBR and to evaluate the impact that CBR has on the lives of people with disabilities. Evaluation of CBR programmes can be driven by various needs and can have different purposes such as accountability, judgement of overall value, learning and knowledge generation. There is no single recommended evaluation approach for CBR and it is unclear what works well.

The selection of an evaluation approach requires clarity of purpose, processes and needs to match the local capacity and context. For example to look into issues of accountability, "traditional" third party evaluations might be more appropriate than PE approaches. Each CBR programmes needs to respond to the purpose of the evaluation by choosing the right approach(es) out of a wide spectrum of possible evaluation approaches. Additionally, selecting an evaluation approach does not automatically predetermine data collection and data analysis methods, which also will depend on local resource capabilities and specific evaluation needs. For example focus groups could be part of any approach and similarly surveys could be used to collect and analyse data for different approaches.

However considering the vast amount of literature on evaluation approaches in international development testing all these approaches for CBR would have been beyond the scope of a PhD study.

It is currently unclear how evaluations in CBR are being done and the extent to which they are participatory. There is a clear call in the WHO CBR Guidelines, supported by international human right treaties such as the UNCRPD, to promote the use of PE approaches as a tool to empower local

communities to claim their rights to control and own the processes of making evaluation decisions and implementing them. Following the recommendations of the WHO CBR Guidelines which is the widely recognized source for CBR around the globe (18,20,21,42,43) this thesis will focus on PE models. PE as an approach is programme centred on an understanding that change has to integrate participation and empowerment, both of which are elementary drivers for CBR programmes.

It is not the purpose of this thesis to pick and choose different elements of varied approaches and develop a new PE framework for evaluation in CBR. Such a task would mean developing an evaluation framework that combines different tools from different approaches in international development evaluation and require that the tools are in synchrony with the complexity of CBR and its principles.

Instead this thesis focuses on participatory evaluation as an empowering and learning oriented approach and looks at how its application in a CBR setting gives meaning and learning to the stakeholders of the evaluation.

This research will therefore focus on selecting and testing a PE approach for CBR. Further it will explore the stakeholders' individual and organizational learning that results as a consequence of involvement in the evaluation process, rather than aiming to assess programme validity, results and outcomes, such as providing evidence on the impact of CBR on the lives of people with disabilities.

1.4. Literature review on evaluation in CBR

A literature review was conducted to:

a) Identify evaluation approaches that have been used or are recommended for use in CBR
b) Identify opportunities for developing a participatory evaluation (PE)

strategy for CBR

1.4.1. Search Strategy

Sources:

A literature search was conducted in October 2012, updated in February 2014 and included the following sources:

- Electronic databases (Medline, Embase, CINAHL and ASSIA).
- Google search: Websites from CBR programmes, governments, other agencies and academic institutions. Relevant embedded databases and libraries within the websites were searched manually.
- Reference tracing: using references and citations in relevant works

Additionally the CBR guidelines were screened for content relevant to this review.

Search terms:

The search terms used in the electronic databases were:

1. Commun* based* Rehab* OR Community-based rehabilitation OR CBR
2. evaluation$ adj OR PE
3. assessm* .ti,ab
4. monit* and eval* OR me OR m&e
5. process monit* .ti,ab
6. eval* adj .ti.ab
7. stakeholder based evaluation$ .ti,ab
8. community evaluation$ adj .ti,ab
9. community monit* adj .ti,ab
10. action evaluation$ adj .ti,ab
11. 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10
12. Afghanistan or Albania or Algeria or American Samoa or Angola

or Antigua or Barbuda or Argentina or Armenia or Azerbaijan or Bangladesh or Belarus or Byelarus or Byelorussia or Belorussia or Belize or Benin or Bhutan or Bolivia or Bosnia or Herzegovina or Hercegovina or Bosnia-Herzegovina or Bosnia-Hercegovina or Botswana or Brazil or Brasil or Bulgaria or Burkina or Upper Volta or Burundi or Urundi or Cambodia or Republic of Kampuchea or Cameroon or Cameroons or Cape Verde or Central African Republic or Chad or Chile or China or Colombia or Comoros or Comoro Islands or Comores or Congo or DRC or Zaire or Costa Rica or Cote d'Ivoire or Ivory Coast or Cuba or Djibouti or Obock or French Somaliland or Dominica or Dominican Republic or Ecuador or Egypt or United Arab Republic or El Salvador or Eritrea or Ethiopia or Fiji or Gabon or Gabonese Republic or Gambia or Georgia or Ghana or Gold Coast or Grenada or Guatemala or Guinea or Guinea-Bisau or Guiana or Guyana or Haiti or Honduras or India or Indonesia or Iran or Iraq or Jamaica or Jordan or Kazakhstan or Kenya or Kiribati or Republic of Korea or North Korea or DPRK or Kosovo or Kyrgyzstan or Kirghizstan or Kirgizstan or Kirghizia or Kirgizia or Kyrgyz or Kirghiz or Kyrgyz Republic or Lao or Laos or Latvia or Lebanon or Lesotho or Basutoland or Liberia or Libya or Lithuania or Macedonia or Madagascar or Malagasy Republic or Malawi or Nyasaland or Malaysia or Malaya or Malay or Maldives or Mali or Marshall Islands or Mauritania or Mauritius or Mayotte or Mexico or Micronesia or Moldova or Moldavia or Mongolia or Montenegro or Morocco or Mozambique or Myanmar or Burma or Namibia or Nepal or Nicaragua or Niger or Nigeria or Pakistan or Palau or Palestine or Panama or Papua New Guinea or Paraguay or Peru or Philippines or Romania or Rumania or Romania or Russia or Russian Federation or USSR or Soviet Union or Union of Soviet Socialist Republics or Rwanda or Ruanda-Urundi or Samoa or Samoan

Islands or Sao Tome or Principe or Senegal or Serbia or Montenegro or Yugoslavia or Seychelles or Sierra Leone or Solomon Islands or Somalia or South Africa or Sri Lanka or Ceylon or Saint Kitts or St Kitts or Saint Christopher Island or Nevis or Saint Lucia or St Lucia or Saint Vincent or St Vincent or Grenadines or Sudan or Suriname or Surinam or Swaziland or Syria or Syrian Arab Republic or Tajikistan or Tadzhikistan or Tajikistan or Tanzania or Thailand or Timor-Leste or East Timor or Togo or Togolese Republic or Tonga or Tunisia or Turkey or Turkmenistan or Turkmenia or Tuvalu or Uganda or Ukraine or Uruguay or Uzbekistan or Vanuatu or New Hebrides or Venezuela or Vietnam or Viet Nam or West Bank or Gaza or Yemen or Zambia or Zimbabwe or Rhodesia*,ti,ab

13. developing country* .ti.ab
14. global south* .ti,ab
15. low income country* .ti,ab
16. less developed* .ti,ab
17. third world* .ti,ab
18. LIC* .ti,ab
19. LAMI* .ti,ab
20. LAMIC* .ti. ab
21. 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21
22. 1 AND 13 AND 23
23. limit to year = " 1980 – current"

The search was restricted to literature post 1980 and was kept deliberately broad, as not many papers were expected to be found. The search was conducted in English, but articles in other languages were not excluded. Papers were included regardless of their methodological quality and source type. Journal articles, abstracts on different websites, published congress and conference reports and papers were included. Only sources that

focused on CBR evaluation in low- and middle-income countries as defined by the World Bank Atlas method (64) were eligible for the review

The titles, abstracts and papers were reviewed by the author (JW), with recourse to an advisor in the event of indecision.

1.5. Results

As shown in the flow chart (see Appendix) 272 papers were identified, out of which 83 were duplicates, 7 could not be retrieved and 151 were excluded, because they were thematically irrelevant for the search. The following 31 papers were included:

- CBR guidelines (10)
- three editorials (68, 67, 69)
- eight theory papers focusing on evaluation in the context of CBR (65, 66, 70-76)
- five published literature reviews (31, 33, 42, 43, 44)
- fourteen case studies of evaluations. (77-91)

1.5.1. Approaches used in CBR evaluation

A comprehensive review of evaluation in CBR is challenging because most evaluation reports are unpublished or published only in grey literature (68). Therefore, this review may not have identified all existing approaches. However, the CBR guidelines together with articles identified highlight some of the main discourse and approaches to developing CBR evaluation frameworks over the recent years.

Evaluation approaches

The CBR Guidelines, containing a series of booklets to provide guidance on how to implement and strengthen CBR programmes, recognise the importance of evaluation. Specifically, there is a chapter about the management of CBR programmes, which includes a brief introduction to M&E. The section on M&E is accessible and makes an attempt to demystify

evaluation, using simple language and avoiding complicated theorization of concepts. In the guidelines evaluation is located within the management cycle, thus centring evaluation on management. It highlights the need to build the capacity of staff to conduct evaluation and refers to the need for reporting and managing of information. Analysis of evaluation data is referred to, but there is little detail in the document on how to effectively do this. While the CBR guidelines highlight the need for evaluation, they lack consistent guidance on how to conduct an evaluation and no clear methodological recommendations are provided.

The five literature reviews on evaluation in CBR identified highlight that the lack of a universally accepted definition of CBR is a barrier to introducing a common framework to guide evaluations (31, 33, 42, 43, 44). However no specific recommendations are given in these papers as to what this common global definition should be.

Six of the eight (70, 71, 72, 74, 75, 76) identified theory papers recommend that an evaluation approach to CBR should involve i) classifying CBR into domains to structure outcome measures and ii) identify specific measurable indicators within these domains. The actual proposed CBR evaluation domains vary as follows:

- Domains based on a textual analysis of the Joint Position Paper (74, 75, 76), that are based on the essential elements of CBR programmes as outlined in the Joint Position paper in 1994 (36). These focus on outcome service users, the content mode of service delivery and service users in context.

- Domains developed by conducting case studies and interviews with CBR programme stakeholders (70, 72). For example Adewale et al identified fifty different themes and constructed an evaluation questionnaire based on oral accounts of programme participants in Uganda (70).

- Domains based on geographical models such as evaluating impact in different areas for CBR implementation such village, district or state level (69, 74).

- Quality of life scales. Mannan et al propose the use of generic quality of life scales as an outcome measure for future evaluations (68).

To bridge the gap between the classification models based on these domains and evaluation practice some writers propose the use of specific evaluation questions, scoring systems and/or sets of indicators within these domains (71,73,75,77,79,80,81). Others present extended isolated lists of indicators or monitoring items as a mix-and-match tool, to be used in CBR evaluation without specifically referring to a broader framework based on domains (74,76).

The few published CBR evaluation case studies do not apply any of the generic frameworks suggested in literature, but instead use context specific evaluation frameworks and indicators that have been developed independently by programmes and fitting to the context and specific situation (77-91). Most of these CBR evaluation case studies collect and present quantitative survey data. These include matrices, log frames or other programme specific classification tables (77-91).

Participatory evaluation (PE) in CBR

This literature review suggests that the use of PE in CBR has had little attention. PE is advocated in the WHO CBR guidelines, but no detail is given to assist stakeholders in the field to operationalize an evaluation system in general and no direction is given in particular on how to conduct a participatory evaluation. It is however unclear why PE has, to date, not been embraced in the field of CBR. It is possible that the long-time proximity of CBR to the health and rehabilitation sector, rather than to the social and development sectors where PE models have more commonly been applied, may have contributed to the low rate of documented PE implementation in CBR evaluations. The vast majority of the CBR evaluation case studies

identified in the literature review were third party evaluations that focused on the collection of mainly quantitative indicators (77-89). Two of the case studies state that they use PE methodology in their programme evaluations (90,91). However, they do not specify the participatory processes or tools they used. Descriptions of PE methodologies and tools used are therefore lacking.

Discussion of literature review findings

This literature review highlights the strong focus, to date, on proposing generic, quantifiable lists and indicators or the use of standard or single element outcome measures, such as checklists for M&E in CBR. These assume that streamlined common lists could be employed in any given CBR programme to identify and synthesise generic evidence.

Despite efforts to develop generic sets of indicators and scoring systems, no evidence could be identified in this literature review of these being applied or field tested within CBR programmes. Chung observes that "the proposed frameworks have not been put into practise and they lack experiential and empirical proof of their feasibility, applicability and effectiveness in the field" (72).

Although a range of indicator lists and scoring systems have been proposed, no consensus has been reached what can be considered the best approach (43). The lack of a common evaluation framework can be partly attributed to the complexity and heterogeneity of the concept CBR itself which raises questions about the suitability of specific pre-defined indicators or evaluation questions.

Literature on developmental evaluation strongly emphasizes the importance of including qualitative approaches to evaluation frameworks since qualitative data can provide more in depth inside views on issues such as knowledge, feelings, experiences and opinions (49). Despite this, common to all identified CBR evaluation case studies is that qualitative data is largely

lacking. Sharma suggests this is the result of gaps in the knowledge and skills required to collect, analyse and present qualitative data at the programme level (90).

The CBR evaluation literature identified in this review suggests that the generic frameworks and indicator lists specifically developed for CBR evaluation, mostly by academics based in the global north, have not reached programme level. Based on the limited number of of published evaluation reports CBR programmes seem to develop their own context specific evaluation frameworks or indicators independently from guidelines in the literature. This implies disconnect between the literature on evaluation and the actual evaluation practice on the field.

1.5.2. Opportunities for developing a participatory evaluation (PE) strategy for CBR

This literature review suggests that the use of PE in CBR has had little attention. This is contrary to calls for PE methods to reflect principles and complexity of CBR (46). Jaffer advocates PE methods, stating that the "methodology of CBR evaluations should match the character of CBR as community development activity, emphasizing the participants as active developers" (91). Sharma argues for "some alternative and complementary models based on qualitative paradigm are needed" for evaluating CBR programmes (90). He introduces and discusses participatory models of data collection and their interpretation as suitable and promising tools.

Both Jaffer and Sharma highlight the range of participatory models implemented in other sectors of international development, which have the potential to be useful in CBR (90,91).

To be useful and relevant to the complex environment of CBR, Grandisson suggests "the evaluative process needs to be conducted in close collaboration with the local community, including people with disabilities, and to be followed by sharing the findings and taking actions" (43).

In summary, although there is recognition of the potential value of PE in CBR, information is lacking on specific approaches that can meet the needs of participatory strategies for evaluation as advocated by the CBR Guidelines and other international development frameworks. There are some recommendations given about domains in CBR that could thematically be addressed in evaluations, but it is unclear what evaluation methodologies and models should be considered as being appropriate for CBR. Although efforts were made to search for case studies in the literature review it remains unclear how most CBR programmes are currently undertaking their evaluations. This needs to be better understood as a precursor to implementing PE in CBR.

1.6. Summary and study rationale

Despite the enthusiasm and the proliferation of manuals and international visibility, CBR faces significant challenges. Some of the main challenges are its complexity and diversity, the lack of clarity over what CBR is and how it should be embedded as a concept in international development. Although CBR claims to be widely practiced, conceptual clarity is arguably lacking.

Another significant problem is the lack of evidence regarding the impact of CBR on persons with disabilities and their families across a range of complex and heterogeneous contexts.

Evaluation is argued to be key in understanding and demonstrating the 'effects' of CBR programmes (43,44,90,91). However, there is a lack of common voice about which evaluation approaches and models would be suitable for use in CBR. Published literature on CBR evaluation has so far focused almost exclusively on the creation of CBR specific lists of indicators and monitoring items, without considering evaluation methodologies or investigating evaluation approaches used in other fields of international development. However, an increasing number of evaluation specialists in

international development express caution against investing too much time and effort in developing generic indicator lists, that see programme stakeholders as a homogenous mass with identical responses and behaviours. Instead they advocate for innovative and locally driven frameworks that promote stakeholder participation and more flexible and adaptive learning approaches (35, 36).

The CBR guidelines and other international development frameworks clearly call for participatory approaches to evaluation. However, there is little guidance on suitable evaluation models that prioritize voices and perception of programme stakeholders and most importantly persons with disabilities and their families that can be practically implemented in CBR settings.

Despite more than thirty years of field-testing PE in other areas of international development and a plethora of PE models that have been developed, the use of participatory methodologies has neither been researched nor been well documented in the context of CBR. Very little information is available on approaches that are appropriate for participatory strategies for evaluation, as advocated by the CBR Guidelines and other international frameworks.

A growing number of international development organisations (FAO, DANIDA, SIDA, USAID, ADB, World Bank among others) have discussed the value of adapting and customizing PE approaches to the diversity and complexity of different international development programmes. They recommend departing from one-size fits all approaches towards evaluations that are tailored to different contexts. Moving towards this methodological diversity in PE requires embracing experimentation whereby existing PE models are adapted, field-tested and then adjusted accordingly (92,92). A recent study on the quality of DFID's evaluation reports by the International Committee on Development Impact (ICDI) points to experimentation as a suitable method to develop new models and approaches for evaluation, which are more suitable for complex development strategies (96). A growing movement in international development rejects the view of simple

and replicable approaches, such as generic indicators, but instead encourages a critically reflective approach that involves adapting and improving available PE models to contextual and local needs (97). Booth calls this approach the "move from best practice to best fit" (98).

Models of PE have been extensively field-tested and adapted to many areas of international development, such as wildlife conservation and natural resource management (99,100,101). However, at the time of this PhD, similar efforts in the field of CBR were lacking. Adapting an existing mainstream model for PE used in international development to a CBR context is clearly in accordance with the paradigm of mainstreaming disability in the development agenda as promulgated by the UNCRPD.

This research therefore aims at identifying appropriate PE models that are being implemented in the field of international development and to select one for implementation, local adaptation and as a probe for critical reflection of PE in the context of a CBR programme. Selecting a PE model requires first addressing a number of gaps in knowledge such as lack of information on current evaluation practice in the CBR field, and understanding what would constitute good practice for PE in CBR.

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Chapter 2

Aim and Objectives

Preamble (Chapter 2)

This chapter presents the overall aim, specific objectives and research questions for this research study. It also presents an overview of the study methods. This research study was conceptualized, designed and executed through two research components. The methodology employed to address each of the components of the research study are described in this chapter.

Study Aim and Study Design

2.1. Research hypothesis

A model for Participatory Evaluation (PE) used in International Development (ID) can be successfully piloted for CBR programmes

Research Questions

1. What is the current evaluation practice in CBR programmes?
2. What models of PE used in ID can be adapted for use of PE in CBR programmes?
3. What are the learnings from piloting a PE model in a CBR programme?

2.2. Aim of the study

The overall aim of this research is (a) to identify a suitable model of Participatory Evaluation (PE) already in use in International Development for adaptation to Community-based Rehabilitation (CBR) and (b) to assess its usability within real world conditions in a CBR programme.

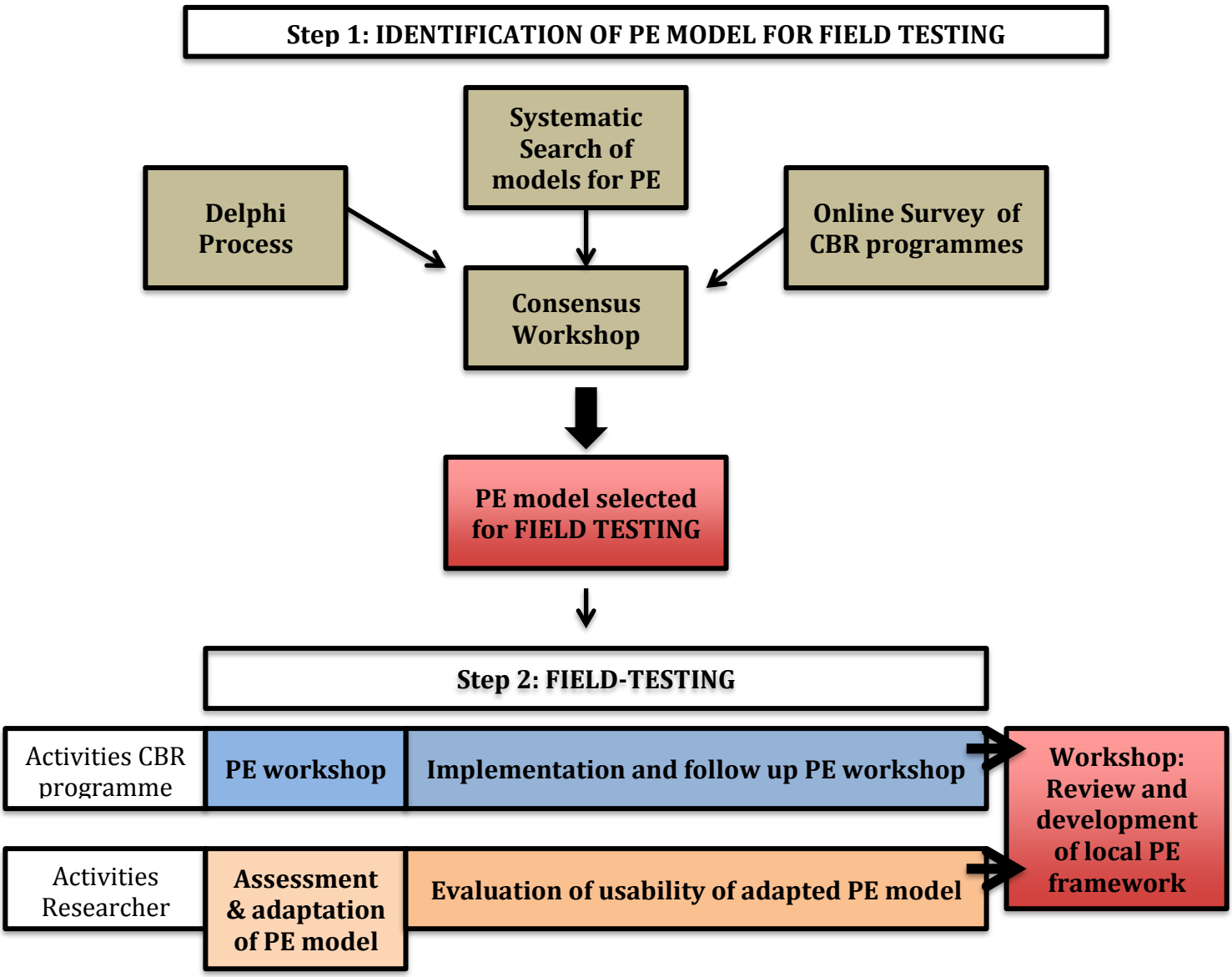
2.3. Objectives

The research objectives are:

1. To identify the capacities, needs and current practices of programme evaluation in CBR
2. To identify suitable established models used in international development that can be applied to PE for CBR, and to select one for field-testing in a CBR programme
3. To implement, adapt and evaluate one model of PE in a CBR programme
4. To conduct a participatory workshop to develop a framework that can guide local participatory evaluation processes

2.4. Study design overview

Figure 2.1: Study design – overview of research components



The research consisted of two main components:

1. Identification of a suitable model of PE to be field-tested in a CBR programme through the following four steps:
   a) Online survey of current evaluation capacities and practices used internationally within CBR programmes. (Chapter 3)
   b) Systematic review of existing PE models used in international

development. (Chapter 4)

c) Delphi study with CBR experts to derive criteria for good PE models for CBR. (Chapter 5)
d) Workshop with CBR and evaluation experts to select one PE model for field-testing. (Chapter 4 and 5)

An expert review was chosen as method, rather than a literature review on "good PE" in other areas of international development, because this provided an opportunity to gain informed perspectives from valued experts with strong experience in and links to CBR operations in the field

2. Field testing of the selected PE model (Chapter 6)

The selected PE model, Outcome Mapping (OM), was field-tested and assessed in one CBR programme (Clarendon Group for the Disabled) in Jamaica. It was adapted to the local context using participatory methods.

a) Training, Facilitation and Adaptation

External specialists facilitated an OM workshop. The workshop introduced the evaluation stakeholders to the OM methodology and the associated tools.

The evaluation stakeholders worked collaboratively with the workshop facilitators in implementing **AND** adapting OM to the local context and needs of the CBR programme.

b) Evaluation of usability of the locally adapted PE model

The model was then assessed in terms of its usability, using a qualitative longitudinal approach. Data on evidence of "process use" was collected before, during and after the evaluation process. In this study process use is defined as "learning at the individual, interpersonal and collective/organizational level for any stakeholder involved in the evaluation that takes place during the evaluation, planned or unplanned, intentional or unintentional, as opposed to the evaluation findings" (1).

Process use occurs during the evaluation process as an immediate impact of the evaluation independently from the outcomes of the evaluation. Changes in areas of "process use" at the individual, group and organizational level were explored over a period of six months in two waves of data collection (at one and six months post workshop). Each wave consisted of focus group sessions and in-depth interviews with key evaluation stakeholders and, if applicable, other programme stakeholders. The implementation of evaluation activities, regular activities of the CBR programme and research activities ran simultaneously.

c) Participatory workshop to develop a framework that can guide PE in CBR

A two-day participatory workshop with the stakeholders of the evaluation was held after nine months. The "usability" of the tested model was reviewed and discussed. Based on the experiences of the implementation of the adapted PE model, recommendations for its future use and a 'mind-map' for PE in CBR were jointly developed.

Qualitative data analysis

The method employed throughout this thesis to analyse qualitative data was thematic analysis (2) implemented with the objective of finding common emerging themes in the data. This was done manually, using a process of coding, that is, the generation of thematic categories and sub-categories. These themes are presented and discussed as key findings in the respective research sections and sub-sections

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SECTION B

Chapter 3

An Online Survey on Identification of Evaluation Capacity, Needs and Current Practice of Programme Evaluation in Community-based Rehabilitation

Preamble (Chapter 3)

This chapter presents the results of an online survey conducted to find out about current evaluation activities in CBR, the need and capacity of programmes to conduct evaluations and the challenges experienced.

The manuscript of this study was submitted to the "Disability, CBR & Inclusive Development journal" and was accepted for publication in May 2016.

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RESEARCH PAPER COVER SHEET

PLEASE NOTE THAT A COVER SHEET MUST BE COMPLETED FOR EACH RESEARCH PAPER INCLUDED IN A THESIS.

SECTION A – Student Details

Student	Jörg Günter Weber
Principal Supervisor	Sarah Polack
Thesis Title	Participatory Evaluation for Community-based Rehabiitation

If the Research Paper has previously been published please complete Section B, if not please move to Section C

SECTION B – Paper already published

Where was the work published?	Disability, CBR & Inclusive Development Journal		
When was the work published?	05/2016		
If the work was published prior to registration for your research degree, give a brief rationale for its inclusion			
Have you retained the copyright for the work?*	Yes	Was the work subject to academic peer review?	Yes

**If yes, please attach evidence of retention. If no, or if the work is being included in its published format, please attach evidence of permission from the copyright holder (publisher or other author) to include this work.*

SECTION C – Prepared for publication, but not yet published

Where is the work intended to be published?	
Please list the paper's authors in the intended authorship order:	
Stage of publication	Choose an item.

SECTION D – Multi-authored work

For multi-authored work, give full details of your role in the research included in the paper and in the preparation of the paper. (Attach a further sheet if necessary)	J.W. was responsible for research design, conducted the survey and led on analysis and writing of the manuscript. S.P. contributed significantly to the bi-variate section. S.P and S.H.. commented on the manuscript and design.

Student Signature: _____ **Date:** 3rd Dec. 2016

Supervisor Signature: _____ **Date:** 06/12/2016

ORIGINAL RESEARCH

An Online Survey on Identification of Evaluation Capacity, Needs and Current Practice of Programme Evaluation in Community-based Rehabilitation

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ABSTRACT

Purpose: *Evaluation of Community-based Rehabilitation (CBR) is important for developing good practice and providing a foundation for evidence of efficacy of practice. Since not much is known about the extent to which monitoring and evaluation (M&E) are carried out within CBR programmes, this study aimed to enhance knowledge by focussing on current M&E activities, the need and capacity of programmes to conduct evaluations and the challenges experienced.*

Method: *An online survey of 15 questions was developed, field-tested and sent out to 236 CBR managers in Africa, Asia and Latin America.*

Results: *The majority (86%) of the respondents indicated that their programmes had been evaluated in the past.While this was mainly done by international donors (87%), around half of the respondents reported programme participants as the main audience. Just over half of the programmes (54%) included people with disabilities, their families and community members in evaluation processes. Insufficient financial resources were considered the most important challenge to conducting evaluations, particularly in the African region and among smaller programmes. The complexity of CBR was also indicated as an important barrier to evaluation.*

Conclusions and Recommendations: *Although evaluations have been widely implemented in CBR programmes, many of them are not locally owned, and people with disabilities and their families are often not included in the evaluation*

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process. The issues of limited financial resources and CBR complexity reflect current discussions in other areas of mainstream development. It is therefore recommended that models for evaluation in CBR should learn from, and be embedded in, ongoing developments in mainstream evaluation in international development.

Key words: *Evaluation stakeholders, evaluation audience, outcome evaluation, process evaluation, monitoring, barriers to evaluation*

INTRODUCTION

Disability is widely understood as an evolving concept and experience (UN, 2007; WHO/World Bank, 2011). There is increased recognition of the broader needs and rights of people with disabilities as important factors in their overall wellbeing, such as inclusion in education, civil society and livelihood.

Community Based Rehabilitation (CBR) is promoted by the World Health Organisation (WHO), the International Labour Organisation (ILO) and the United Nations Educational, Scientific and Cultural Organisation (UNESCO), as the most effective way to improve the lives and wellbeing of people with disabilities in underserved regions. Although CBR was initially medically orientated, it has undergone major re-conceptualisations during the last decade and is now a comprehensive multisectoral approach. This comprehensive framework, reflected in the most recent CBR guidelines (WHO/ILO/UNESCO, 2010), is in harmony with the re-conceptualisation of disability.

CBR programmes are considered fundamental for improving the wellbeing of people with disabilities and for fostering their participation in the communities (Cornielje et al, 2008). However, after more than 30 years of CBR implementation, the evidence base for CBR remains fragmented and incoherent (Finkenflügel et al, 2005; Cornielje et al, 2008; Hartley et al, 2009; Ienni et al, 2015). Information is lacking on knowledge-based outcomes of CBR that are based on evaluation findings (Finkenflügel et al, 2005; Kuiper et al, 2006; Mannan and Turnbull, 2007; Iemmi et al, 2015). A systematic review by Iemmi et al (2015) on the impact of CBR for people with disabilities in Asia, Latin America and Africa found only 15 evaluation studies which met the inclusion criteria. The review suggested that CBR may be beneficial but the authors highlighted the lack of quality evidence from which to draw conclusions (Iemmi et al, 2015).

One of the challenges highlighted by these reviews is that a commonly accepted framework for evaluation of CBR is lacking which is, in part, attributed to the complexity and heterogeneity of CBR as an intervention. The lack of commonly accepted evaluation instruments for CBR hinders a meta-analysis of CBR programmes, and therefore leaves the claims of the efficacy and effectiveness of CBR unproven (Wirz and Thomas, 2002; Lukersmith et al, 2013).

The lack of evidence about the effectiveness of CBR constitutes a significant barrier for the implementation and delivery of the CBR guidelines. Furthermore, it is well established that evaluations are key at the programme level to measure impact and to help identify the most valuable and efficient use of resources (Bamberger et al, 2012; Stern et al, 2012).

Objective

In order to inform the development of appropriate evaluation approaches for CBR, it is necessary to understand the current evaluation capacity, needs and current practice at the community level. To address this gap, this study aimed to assess existing evaluation activities within CBR programmes and the challenges faced, specifically the:

- Roles and engagement of stakeholders in evaluation (**Who** is evaluating?)
- Evaluation practice (**How** is evaluation undertaken?)
- The purpose of evaluation (**Why** is the programme being evaluated?)
- Barriers to and challenges in evaluation.

METHOD

Study Participants

An online survey, with a defined sampling frame of CBR coordinators/managers globally, was used in order to reach a geographically and culturally broad selection of participants.

Study participants were 236 CBR programme managers and coordinators (73 from the Africa region, 53 from Pacific Asia, 73 from South Asia and 37 from the Americas) who were included in the WHO-CBR global database (WHO webpage). This global database collects data on CBR programmes through a voluntarily completed web-based data collection form. In addition, this database

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was crosschecked by the first author against the database of CBR programmes from CBM, an International Non- Governmental organisation that works in the field of Inclusive Development, and updated accordingly.

Questionnaire Development

Content: A structured questionnaire was developed, which included 15 closed questions with predefined response options as well as optional space to give narrative input for some of the questions. The first section of the survey asked about background information on the CBR programme managed by the respondent, including the length of time the programme had been running, number of staff, location of the project and field of work.

In the next section the survey participants were asked whether they had ever undergone any evaluation and if so, the groups of people involved in evaluation. Questions on regular data- collection activities and the monitoring system were also included. In the last section of the questionnaire, the survey participants were asked to indicate which barriers to evaluation they perceived as significant.

The questionnaire was developed in consultation with CBR experts. Draft survey questions were sent out to 10 CBR experts who were asked to give feedback (written and through telephone discussions) on the content, comprehensiveness and appropriateness of the survey questions and on any additional questions that should be included. The questionnaires were revised accordingly.

Translation: The survey questions, the participant information sheet and the contact email were translated into Spanish and French. This involved two independent forward translations, with one consensus version which was back translated, with revisions made accordingly.

Pilot Testing: The survey was pilot tested with programme managers of 12 CBR programmes in Latin America, South Asia, South- East Asia and Sub-Saharan Africa. In follow-up telephone interviews the respondents were asked to reflect on the content and wording of the questionnaire, which was updated to produce a final version. This version of the survey is available from the first author upon request.

An e-mail was sent to 236 study participants inviting them to participate in the online survey. After 14 days one reminder was sent, and the questionnaire remained open for a further 4 weeks.

Ethical Considerations

Responses to the online survey were anonymous and the website remained password protected, only accessible to the researchers to ensure confidentiality and anonymity.

Data Analysis

A descriptive quantitative data analysis using STATA 12 was undertaken with a bivariate analysis using chi-square analysis (or Fisher's exact test where appropriate) to compare responses by programme size, duration and region.

The analytical process of the qualitative data generated through the open questions involved thematic analysis (Braun and Clarke, 2006). This was done manually by the first author and implemented with the objective of finding common emerging themes in the data, using a process of coding.

RESULTS

The online survey was sent out to 236 CBR programmes and 99 responses were received (total response rate of 41%). Just under a fifth (18%) of the respondents (n=18) used additional space provided in the survey for one or more of their responses on qualitative input.

Response rates were similar across the different regions (Africa 45%, Pacific Asia 43%, South Asia 33% and Americas 43%) (see Table 1). South Asia is presented as a separate region due to the high number of CBR programmes in this region, and to enable comparison of these programmes with programmes in other regions.

Table 3.1: Response rate by Region

Rate/Region	Africa	Pacific Asia	South Asia	Americas
Sent out (N)	73	53	73	37
Feedback (N)	33	23	24	16
Response rate (%)	**45%**	**43%**	**33%**	**43%**

Background to the Programmes

Just under half or 42% of the programmes had been running for less than 10 years, 38% for 10-19 years and 20% for more than 20 years. The number of full-

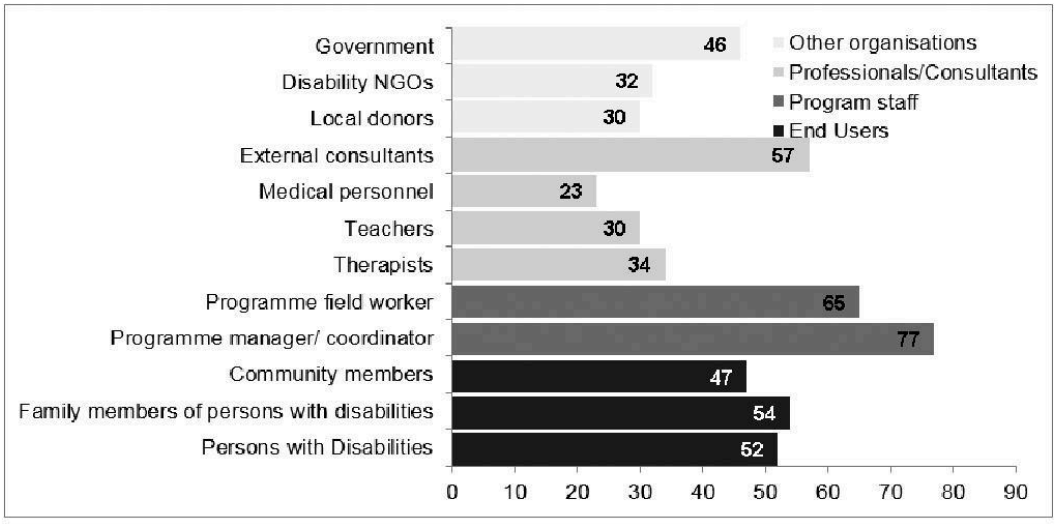
time staff working on the programmes was fairly equally distributed, with 56% of the programmes employing 10 staff members or less and 44% employing more than 10 staff members.

Evaluation of the Programmes

The majority (86%) of the respondents indicated that their programmes had previously been evaluated. Of the programmes which had undergone evaluation, the majority (60%) had undertaken mixed evaluations (internal and external evaluators leading the process together) while 18% had undertaken internal and 22% external evaluation only.

Figure 1 shows the different groups of people reported to have been involved in their last evaluation. The majority of evaluations involved CBR staff (programme managers and programme field workers) and 57% involved an external consultant. A little over half of them reported including end-users (persons with disabilities, families, community members), while more than one-third (38%) included other organisations (local donors, disability NGOs and government) and therapists (41%).

Figure 3.2: Survey results of question 9 - Groups of Stakeholders engaged in Evaluation (of the 84 programmes which underwent evaluation)



Vol. 27, No.2, 2016; doi 10.5463/DCID.v27i2.565

Current Evaluation Practice (How programme is being evaluated)

For programme evaluation, quantitative methods were reported to be used most frequently (61%), followed by feedback forms (39%) and internal tracking forms (35%). Two-thirds of the respondents reported the use of qualitative methods such as interviews (67%) and case studies (61%) in evaluations. Use of focus groups was mentioned in nearly half of the responses (48%).

The vast majority (95%) of programmes indicated that their programme activities were being monitored regularly. Nearly two-thirds of those (61%) used a combination of manual and computerised monitoring systems, while 37% reported a manual system only.

Purpose of Evaluation (Why programme is being evaluated)

The majority of the respondents (87%) reported that international donors were their main evaluation audience, followed by CBR managers (71%), government (56%), programme participants (56%), programme staff (49%), and local donors (39%).

The respondents reported that the most important purposes (multiple answers were possible) to address in an evaluation of their programme were:

- What difference did it make/ had the programme made? (73%).

This question focussed on outcomes, i.e., on changes that have occurred as a result of the programme.

- How much was achieved? (59%)
- How well did it work? (52%)

These questions focussed on processes, i.e., quantifiable targets and the actual development and implementation of the programme.

Barriers to and Challenges in Evaluation

Almost two- thirds of the respondents reported that they considered insufficient financial resources to be an important challenge in evaluation (59%), followed by lack of training/capacity (39%), limited staff time (35%) and lack of interest (11%).

Additional narrative responses about challenges in evaluation were provided by 18 respondents, through the open text section of the questionnaire. The following

4 main themes (complexity, communication, transportation and attitudinal) emerged from these data:

1. The complexity of CBR fell into several sub-categories, namely:

Conceptual challenges - Understanding the complexity of CBR as a strategy and the complexity of evaluation categories such as *"changes in life"* and *"inequality"* were mentioned by a majority of respondents.

Breadth of CBR - Survey respondents described the *"many fields that CBR is working in at the same time"* (CBR manager, South Asia) or pointed out that *"there are so many organisations and individual stakeholders in one CBR programme"* (CBR coordinator, Central Africa).

Environment - Other challenges that were raised related to the complex environment that CBR is working in, referring to uncertainty in planning, such as working plans that *"change very often and do not leave time for flexible evaluation planning"* (CBR manager, Americas).

2. Communication barriers: Respondents frequently described communication barriers such as *"difficulties to stay in contact with each other, we do not have good cell connection"* (CBR manager, South Africa) or *"our field workers do not have internet access"* (CBR manager, South Asia).

3. Transportation and accessibility related challenges: Reported accessibility challenges referred to programme stakeholders living in distant villages as well as inaccessible environments. One CBR manager explained that, *"Many people live high up on steep hills. Some of our volunteers have physical disability and cannot reach them"* (CBR manager, South Asia).

4. Attitudinal challenges: A few participants highlighted attitudinal challenges, including a rejectionist stance from CBR staff towards evaluation, such as *"Programme staff are afraid of evaluation because they need their jobs"* (CBR manager, Asia Pacific).

Bivariate Analysis

Responses to questions were compared by programme region (Africa, Americas, Pacific Asia, South Asia), programme duration (< 10 years vs >10years) and programme size (<10 staff vs. 10+ staff). There was little variation in the proportion of programmes undertaking monitoring, ever having carried out an evaluation

and the types of monitoring and evaluation by region, programme duration or size.

Fewer programmes in Africa reported including people with disabilities in their evaluations (48% vs. 70% in Pacific and South Asia, and 64% in Americas), but this difference was not significant. Programmes in Africa were also less likely (77%) to report using qualitative methods in evaluations as compared to the other regions (100% in Pacific and South Asia, 93% in Americas, p=0.01). A higher proportion of programmes in Africa (76%) and the Americas (79%) reported insufficient resources as a significant challenge to evaluation, as compared to Pacific Asia (55%) and South Asia (26%), (p=0.003).

There were some variations in evaluation methods and reported challenges to evaluation. Programmes that had been established for less than 10 years (82% vs. 98% for 10+years, p=0.03) and small programmes (84% vs. 97% for larger programmes, p=0.05) were less likely to report using any quantitative methods for evaluation. Smaller programmes (70%) were more likely to report insufficient resources as a significant challenge to evaluation, compared to larger programmes (44%, p=0.02).

Table 3.3: Results and Bivariate Analysis

	TOTAL	REGION					PROGRAMME DURATION			PROGRAMME SIZE		
	n(N)	Africa n (%)	Pacific Asia n (%)	South Asia n (%)	Americas n (%)	P-value* FET	<10 years n (%)	10+ years n (%)	P-value FET	<10 staff n (%)	10+ staff n (%)	P-value FET
Monitoring												
Does programme conduct monitoring?												
NO	5(96)	0 (0%)	2 (9%)	3 (13%)	0 (0%)	0.083	1 (2%)	3 (6%)	0.618	3 (6%)	1 (2%)	0.631
YES	89(96)	33 (100%)	21 (91%)	21 (88%)	16 (100%)		45 (98%)	47 (94%)		51 (94%)	40 (98%)	
Type of monitoring												
Manual	33(89)	13 (43%)	9 (41%)	5 (24%)	6 (38%)	0.527	15 (34%)	17 (38%)	0.826	18 (38%)	14 (35%)	0.828
Computerised or ombination	56(89)	17 (57%)	13 (59%)	16 (76%)	10 (63%)		29 (66%)	28 (62%)		30 (62%)	26 (65%)	
Evaluation												
Was programme ever evaluated?												
NO	14(96)	4 (12%)	3 (13%)	5 (21%)	2 (13%)	0.862	7 (15%)	6 (12%)	0.768	10 (19%)	2 (5%)	0.063
YES	82(96)	29 (86%)	20 (87%)	19 (79%)	14 (88%)		39 (85%)	44 (88%)		44 (81%)	39 (95%)	

Type of evaluation												
Internal only	14(82)	4 (14%)	3 (15%)	2 (11%)	5 (36%)	0.300	7 (18%)	8 (18%)	1.000	10 (23%)	5 (13%)	0.269
External/ Mixed	68(82)	25 (86%)	17 (85%)	17 (89%)	9 (64%)		32 (82%)	36 (82%)		34 (77%)	34 (87%)	
Were people with disabilities involved in evaluation?												
NO	31(81)	14 (52%)	6 (30%)	6 (30%)	5 (36%)	0.363	18 (45%)	14 (32%)	0.366	20 (45%)	12 (32%)	0.258
YES	50(81)	13 (48%)	14 (70%)	14 (70%)	9 (64%)		22 (55%)	28 (67%)		24 (55%)	26 (68%)	
Were qualitative methods used?												
NO	8(83)	7(23%)	0 (0%)	0 (0%)	1 (7%)	0.013	4 (10%)	4 (9%)	1.000	5 (11%)	3 (8%)	0.719
YES	75(83)	23(77%)	20 (100%)	19 (100%)	13 (93%)		36 (90%)	40 (91%)		40 (89%)	36 (92%)	
Were quantitative methods used?												
NO	8(83)	4 (13%)	1 (5%)	0 (0%)	3 (21%)	0.140	7 (18%)	1 (2%)	0.025	7 (16%)	1 (3%)	0.063
YES	75(83)	26 (87%)	19 (95%)	19 (100%)	11 (79%)		33 (82%)	43 (98%)		38 (84%)	38 (97%)	
Challenges to Evaluation												
Insufficient financial resources												
Significant	48(82)	22(76%)	11 (55%)	5 (26%)	11 (79%)	0.003	26 (67%)	23 (52%)	0.263	31 (70%)	17 (44%)	0.016
Min/No	34(82)	7 (24%)	9 (45%)	14 (74%)	3 (21%)		13 (23%)	21 48%)		13 (30%)	22 (56%)	
Lack of training/capacity												
Significant	31(82)	15 (52%)	5 (25%)	4 (21%)	7 (50%)	0.075	17 (44%)	15 (34%)	0.498	14 (32%)	19 (49%)	0.177
Min/No	51(82)	14 (48%)	15 (75%)	15 (79%)	7 (50%)		22 (56%)	29 (66%)		30 (68%)	20 (51%)	
Limited staff time												
Significant	29(82)	12 (31%)	8 (40%)	4 (21%)	5 (36%)	0.508	17 (44%)	13 (30%)	0.253	18 (41%)	12 (31%)	0.368
Min/No	53(82)	17 (69%)	12 (60%)	15 (79%)	9 (64%)		22 (56%)	31 (70%)		26 (59%)	27 (69%)	

*P-value from Chi Square or Fisher's exact tests

DISCUSSION

To date, this is the most comprehensive survey that explores evaluation capacity, needs and current practice in CBR globally. It was reported that the majority of the programmes were monitored regularly and had been evaluated in the past. This suggests that monitoring and evaluation are familiar and widely practised by the CBR programmes included in the survey.

Most respondents reported international donors as the main evaluation audience and only around half of them reported programme participants. These findings

suggest a dominance of donor request and top-down accountability mechanisms rather than locally-owned drivers of CBR evaluations. Furthermore, only about half of the respondents reported the inclusion of persons with disabilities, their families and community members in evaluation processes. This is disappointing, as all recent international frameworks on disability such as the UN Convention on the Rights of Persons with Disabilities (UN, 2006), the World Report on Disability (WHO/ World Bank, 2011) and the recommendations of the CBR guidelines promote the importance of community control, ownership, leadership, and implementation of CBR programmes as a prerequisite for sustainability, including monitoring and evaluation processes which should be fully inclusive of end users (WHO, 2010). As highlighted by Grandisson et al (2014), local ownership and participation alongside practical issues such as affordability and user-friendly tools are imperative if M&E practice is to reflect the recommendations of the CRPD and CBR guidelines, and this should be a key consideration in the development of a common evaluation tool. Further research is needed to identify the barriers to local ownership and full inclusion of end users in evaluation processes, in order to develop guidelines about how this inclusion is best achieved.

The survey indicates a fairly equal distribution between qualitative and quantitative methodology used in CBR evaluations, which differs from Grandisson's observation that "qualitative methods have dominated the scene so far" (Grandisson, 2014).

Insufficient financial resources were reported as an important challenge to conducting evaluation, particularly in the African region and among smaller programmes. Human resources issues such as training/capacity needs and limited staff time were also reported. This highlights the need for an affordable approach to CBR evaluation that reflects programme capacity and resources.

The complexity and unpredictability of CBR were highlighted as significant barriers to evaluation. This is also reflected in current mainstream international development evaluation literature (Bamberger et al, 2016) where issues of complexity are well recognised as priority challenges in evaluation (Stern et al, 2012; Ramalingam, 2013; Bamberger et al, 2016). It is increasingly recognised that complex development programmes (such as CBR) require fluid and iterative evaluation approaches and tools that can capture changes in complex and uncertain environments (Bamberger et al, 2016). Furthermore, CBR as a community development approach needs to be part of, and to learn from, ongoing discussions in international development around sustainable and cost-effective

models of evaluation that can be applied in complex and changing environments, as well as capacity building of a wide range of programme stakeholders to conduct evaluation. Since CBR is one strategy within the community development arena, a model for evaluation in CBR should not be developed in isolation but should be embedded in ongoing developments in mainstream evaluation.

Strengths and Limitations

To the best of the authors' knowledge, this is the first global survey on capacity, needs and current practice in evaluation in CBR. Data was collected on a broad range of topics around evaluation, including facts, behaviour and attitudes.

The response rate of this survey is comparable with other online surveys (Nulty, 2008). However, with just over 50% of non-responders, selection bias cannot be ruled out. It is possible, for example, that programmes which had previously undergone evaluations were more likely to respond to the questionnaire. Moreover, the sample was taken from the WHO global database, which is based on voluntary inscriptions, and the CBM lists of CBR programmes, so many small local CBR programmes may have been missed. Therefore, the generalisability of the study findings is not certain. In addition, the qualitative data was provided by a relatively small number of respondents (n=18) and consequently some care in interpretation is warranted. Nevertheless, the findings from these data on challenges to CBR evaluation are in line with the discourse on wider international development.

CONCLUSION

This study suggests that although evaluations have been widely implemented in CBR programmes, many evaluations are not locally owned and people with disabilities and their families are not included in the evaluation processes. There is a need to encourage increased local ownership and the inclusion of people with disabilities and their families in the evaluation processes in accordance with international legal frameworks and guidelines. Furthermore, it appears to be important that any evaluation framework for CBR needs to reflect the complexity of CBR as well as the financial and resource constraints within which many programmes are operating, particularly in the African region and among smaller programmes.

Many of the issues raised in the context of M&E in CBR reflect current discussions in other areas of mainstream development. Therefore, it is recommended

that models for evaluation in CBR should not be developed in isolation, but should learn from and be embedded in ongoing developments of evaluation in international development.

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Chapter 4

Identifying Criteria for Good Participatory Evaluation in Community–based Rehabilitation

Preamble (Chapter 4)

This research paper presents the development of a matrix for 'good PE' in CBR through two steps. Firstly, using a Delphi process, an expert panel reached consensus on criteria for good PE in CBR. Secondly a different set of experts reviewed these criteria during a workshop and agreed on a final matrix of criteria.

The manuscript of this study has been submitted to the African Journal for Disability.

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Student	Jörg Günter Weber
Principal Supervisor	Sarah Polack
Thesis Title	Participatory Evaluation for Community-based Rehabiitation

If the Research Paper has previously been published please complete Section B, if not please move to Section C

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Please list the paper's authors in the intended authorship order:	Jörg Weber, Sarah Polack, Mary Wickenden
Stage of publication	under peer review

SECTION D – Multi-authored work

For multi-authored work, give full details of your role in the research included in the paper and in the preparation of the paper. (Attach a further sheet if necessary)	J.W. was responsible for research design, conducted the Delphi study, facilitated the workshop and led on analysis and writing of the manuscript. S.P and M.W. commented on the manuscript and design.

Student Signature: _____ **Date:** 3rd Dec. 2016

Supervisor Signature: _____ **Date:** 06/12/2016

Identifying criteria for good participatory evaluation in Community –based Rehabilitation

Significance of work:

There is a need to implement participatory approaches to evaluation (PE) in Community-based Rehabilitation (CBR). However there are no criteria as to what "good " PE in CBR means. This is the first study to use a consensus approach to identify what are considered, by experts, to be criteria for 'good PE' in CBR.

Abstract

Background: Very little information is available on participatory evaluation (PE) in CBR programmes. There is a need to understand what is considered to be important and appropriate for a good PE model for CBR.

Objectives: This study aimed to identify criteria for good PE for CBR that can be used to select participatory evaluation models for use in CBR programmes.

Method: A two-step consultation process, including a three round Delphi process with 15 CBR experts and a consensus workshop involving 8 participants was employed to develop a consensus about what constitutes 'good PE' for CBR.

Results: The expert panel, using a Delphi process, reached a consensus on 19 criteria for good evaluation in CBR.
The workshop participants reviewed the 19 criteria and agreed on a final matrix of 13 criteria for good PE in CBR.

Conclusion: This study developed a matrix of criteria for 'good PE' in CBR. The criteria identified are in line with current thinking on evaluation within International development and can be used in the selection of PE models for CBR.

Introduction

Community-based Rehabilitation (CBR) is implemented in over 100 countries (see WHO webpage). Framed and promoted by the WHO and other United Nations (UN) organizations since the late 1970's, it has become a widely known practical strategy for addressing rehabilitation and other needs of people with disabilities, especially in low-income countries.

The focus of CBR has shifted over the years from the individual's impairment and medical rehabilitation towards a more holistic focus on the person within their social and family context (Kuipers and Doig 2011). Motivated by the principles of inclusion of family and community and through local sourcing of resources, CBR is advocated as a gold standard for working on disability in the Global South (Grech 2016). However, there is an acute lack of evidence regarding the effectiveness of CBR. Thomas states that "CBR is 'data rich' and 'evidence poor'" (Thomas 2011), while a literature review of the evidence base for CBR by Finkenflugel et al concluded that the "effectiveness of CBR cannot sufficiently be established" (Finkenflügel 2005).

The importance of programme evaluation within international development is well recognised both for establishing an evidence base and also to plan and identify the most efficient use of resources to improve and sustain programmes (see Stern et al. 2012; Bamberger 2012). Since the publication of the CBR Joint Position Paper in 2004 (ILO/UNESCO/WHO 2004), there have been increasing calls (Mannan 2007; Adewale 2011; Grandisson, 2014; Velema 2016) for better evaluation to understand and demonstrate the 'impact' of CBR.

Research suggests that CBR programmes do conduct evaluations but that there is no accepted common evaluation framework or guidelines and that the approaches used are often not participatory (Weber 2016). Participation of persons with disabilities and their families in all stages of CBR implementation is fundamental to CBR – and this should include evaluation

(ILO/UNESCO/WHO 2004). There is therefore a need to develop and implement participatory evaluations in CBR.

Participatory approaches to development have been increasingly promoted since the late 1970s and many models of Participatory Evaluation (PE) exist. Processes of PE have been extensively researched and field-tested in many areas of international development, such as wildlife conservation and natural resource management (Papalexiou 2012, Harris et al 2001, McDuff 2001). However, although collaborative and participatory methods of evaluation can be regarded as consistent with the basic principles of empowerment and participation in CBR, evidence of participatory evaluation processes being used in CBR is lacking.

Many different models of participatory programme evaluation exist within international development. However, it is unclear what is appropriate for CBR, which is a complex strategy (Velema 2016). For example, while Sabbe suggested CBR evaluation should comprise a common set of indicators with a focus on accurate information (Sabbe 2002), Grandisson suggests that the main focus in evaluating CBR implementation should be participatory processes (Grandisson 2013). There is therefore a need to understand what is considered to be important and appropriate for a good PE model for CBR.

Using a consensus building approach with CBR experts, this study aimed to identify criteria for good PE for CBR that can be used to inform the selection of appropriate participatory evaluation models for implementation in CBR programmes.

Methodology

In this study a two-step consultation process was employed to come to consensus among CBR experts about what constitutes 'good PE' for CBR:

1. The Delphi technique was used to identify criteria considered to reflect 'good PE' in the context of CBR programs.
2. A consultation workshop was held to agree on a final matrix of criteria that can be used to inform the selection and development of a PE approach for CBR.

Delphi process

The Delphi technique is an iterative process for consensus building among experts. Communication is organized among a group of experts in order to gauge their opinion in a systematic way. The experts answer questionnaires in two or more rounds. The first consists of a questionnaire with one or more specific questions. The feedback is then analyzed and sent back to the participants together with an anonymous summary of their feedback of the first round. In subsequent rounds the participants revise and/or rate their earlier answers (Murry and Hammors 1995).

Selection of the participants

Fifteen CBR experts were invited to participate. The experts in CBR were purposefully selected to ensure views were represented from a broad range of areas of CBR and included experienced individuals from WHO, academia, NGOs, and CBR programmes. Specifically at the time of the study: three participants were CBR programme managers, five were disability researchers, three were freelance consultants and four worked for UN organizations or International development agencies. The majority (13) of the experts consulted had more than five years experience as a direct employee in a CBR programme prior to their present occupation. The participants were selected to include representation from different regions: three participants were from Europe, two from North America, four from Africa, three from South Asia and three from Asia Pacific. Four of the panelists indicated they had a disability.

Delphi rounds

In this study, three Delphi rounds were conducted for i) brainstorming ii) summarizing, iii) feedback and dissemination of results of the consensus building stage. Each round was facilitated by sending out an e-mail letter of invitation to the participants, including an information sheet and a link to the online questionnaire. The invitation letter outlined what was involved in the study and agreement to participate in the Delphi process was considered as consent.

We used an online Delphi process (google forms), which ensured that experts were able to anonymously express their views. In each new round, the participants were informed in a collated way about other participants' perspectives from the previous round and were provided opportunities to clarify or change their views.

Round One Brainstorming

The participants were invited to brainstorm ideas in an open-ended format to the question: "What are the criteria for a good model of Participatory Evaluation in Community Based Rehabilitation?". The participant information sheet discussed the key terms "criteria" and "good evaluation". A criterion was defined, according to Collins English Dictionary (2003) as "a standard by which something can be judged or decided". The panelists were made aware that there is no universally accepted definition of the term "good evaluation" but that the term can be used to express subjective judgment based on knowledge, experience and background. Participants were encouraged to interpret the term "good evaluation" according to their personal understanding and judgment.

Participants were encouraged to suggest as many criteria as they wanted for any domain or area of evaluation, such as methodology, resource requirements, organizational requirements, intervention, relating to cultural

and/or technical issues.

Round Two: Rating of criteria

The proposed criteria identified from round one were grouped under thematic headings. These were circulated to all participants who were asked to indicate the degree to which they agreed with each criterion on a scale of 1 (highly NOT relevant) to 5 (highly relevant). For each criterion there was also the option "I do not understand this criterion". Criteria where more than 20% of participants chose this option were excluded in this round.

Round Three: Re-rating

The aim of the third round was to achieve a consensus of the Delphi experts' group response. The median rankings of each criterion from round two were calculated and distributed back to the participants. The participants were then asked to re-rank each criterion from 1-5 with the opportunity to change their score in view of the group's response.

The participants were informed that only criteria ranked 3.5 and higher by the group would be included into the final list of criteria. Indicators scoring 3.5 or higher were considered as midpoint between 3 (more or less relevant) and 4 (likely relevant). This inclusion procedure is consistent with other published Delphi studies (see Choi and Sirakaya 2006). The final criteria with a median score higher than 3.5 were presented at a consensus group workshop.

2. Consensus workshop

A one-day consensus group workshop was held with the aim of developing a final matrix of criteria for "good PE in CBR".

The workshop participants (six CBR and two evaluation experts) were purposefully selected based on their experience in CBR programme implementation, evaluation and research. Eight individuals participated, representing Universities, WHO, Disability and development NGOs and one

freelance consultant on development evaluation. The workshop was facilitated by the primary researcher (JW).

The results of the Delphi process and the list of criteria developed were presented to the workshop participants. They were then asked to split into two groups (each four members) and to review the 19 criteria identified during the Delphi in terms of wording, structure, relevance and applicability. These reviewed criteria were then presented to and discussed with the entire group and a final matrix of criteria for good PE in CBR was then developed based on group consensus.

Ethical considerations:

Participants of the Delphi process as well as the workshop were informed about the purpose of the study, the anticipated time commitment, the procedure to be followed and that they were free to withdraw from the study at any time. Individual names and positions were not linked to individual responses in the Delphi study or contributions to the workshop. All data obtained remained password protected, only accessible to the researchers to ensure confidentiality and anonymity.

Results

Delphi process

Round One

All fifteen experts invited participated throughout the entire Delphi process. In the first round a total of 63 criteria for good evaluation were received. Thirty-six proposals were duplications which left 27 individual criteria to be considered. Using a conceptual framework commonly used for standards for good evaluation, the 27 criteria (Table 1) were grouped into the following themes: utility, feasibility, accuracy and propriety, (Milstein et al 2000). This grouping into categories aimed to provide a more user-friendly structure of presentation for the following rounds. Most criteria identified by the panelists referred to utility (13), followed by feasibility (7), accuracy (5) and propriety (2).

Round Two

The following two criteria were excluded in round two because more than a fifth of the participants selected the option "I do not understand this criterion.":

1. Allow people to be in different stages in the process (4/15)
2. Able to handle and use meaningfully non standard or non-predictable responses or impact (5/15).

As shown in table 2, the highest rated criteria in this round, reaching average ratings of 4.5 and above, were:

- Simple and easy data collection instruments (4.7)
- Usefulness for participants/beneficiaries (4.6)
- Room for diversity (4.6)
- Mixed methods (quantitative and qualitative being used) (4.6)
- The model should look into sustainability (4.5)

Criteria for propriety were highest rated with an average of 4.1, followed by utility (4.0), feasibility (3.9) and accuracy (3.3)(see table 2).

Round Three

Eight criteria had median scores of 3.4 or less and were excluded from the list (table 2). The majority of the excluded criteria (n=5) were under the theme of accuracy with "the model can be used together with a list of

generic indicators” being the lowest rated. The expert panel reached a final consensus on 19 agreed criteria for good evaluation in CBR (see Table 2)

Table 4.1: Original 27 proposed criteria and results of Delphi rounds two and three

	Criteria	Round 2 Average Rating	Round 3 Average Rating	Results
	Utility			
1	Should give room for people to express their needs	4.2	3.6	accepted
2	Visual framework of program to be developed	3.2	3.0	rejected
3	Local cultural behaviour related to provide "expected favourable answers" should be acknowledged	3.5	3.4	rejected
4	Should be able to measure in various domains/components/elements (CBR matrix)	4.5	4.9	accepted
5	The materials/tools should be in accessible format (incl. Braille, sign language, easy language etc.)	4.5	4.4	accepted
6	The model should leave room for contextualisation	3.9	4.1	accepted
7	Usefulness for participants/beneficiaries	4.6	4.3	accepted
8	The model should look into sustainability	4.5	4.5	accepted
9	The model should focus on process and outcomes	4.3	4.2	accepted
10	Clear outcomes	3.9	4.1	accepted
11	Based on participatory monitoring and planning	3.9	4.6	accepted
12	Outcome of evaluation used as starting point for learning by all stakeholders	4.2	4.1	accepted
13	Evaluation outcomes can be applied to other context	3.1	3.8	accepted
	Feasibility			
14	Able to provide both in-depth and more summarized information in easily handled formats	4.2	4.2	accepted
15	Simple and easy data collection instruments	4.7	4.6	accepted
16	Model should be not longer than 6 pages	2.8	2.7	rejected
17	Model should easily be applicable for stakeholders with specific background (i.e. health, education)	3.5	3.7	accepted
18	Costs	3.2	3.7	accepted
19	Taking into consideration that people learn/communicate differently	4.3	4.0	accepted
20	Room for diversity	4.6	4.2	accepted
	Propriety			
21	Includes peer to peer evaluation	3.9	3.4	rejected
22	Model is gender sensitive	4.3	4.3	accepted
	Accuracy			
23	Independent evaluators prepare discussions, categorize data and turn data into information together with right holders and service providers	3.1	2.6	rejected
24	Interview guides to be used	3.1	2.9	rejected
25	Mixed methods (qualitative and quantitative) being used	4.6	4.6	accepted
26	Rigorous methodology	3.2	2.6	rejected
27	The model can be used together with a list of generic indicators	2.6	1.9	rejected

Consensus workshop

The workshop participants reviewed the criteria identified during the Delphi process and agreed on a final matrix of 13 criteria for good PE in CBR (see table 2).

Through consensus the expert group adapted the themes to provide headings that more accurately reflected the criteria identified during the Delphi process. Specifically, 'utility' was changed to 'usability and diversity' and 'validity' and 'practicality' were added as new themes. The criteria were then regrouped under these headings. This restructuring involved the omission of six Delphi criteria that were felt to be unclear such as "clear outcomes" and rewording of criteria to improve their understanding. For example "The model should leave room for contextualization" was changed to "-Plans change often- Flexibility to adapt to a changing program" to more clearly reflect the need to consider the complexity of CBR in programme evaluation. In addition, four criteria, such as " the model is gender sensitive", developed during the Delphi process were converted into examples rather than stand-alone criteria.

The final structure and content of the matrix was agreed by the workshop participants and was proposed as guidance to inform the selection or development of appropriate PE approaches for CBR.

Table 4.2: Matrix: "Criteria for good evaluation in CBR"

DIVERSITY		**VALIDITY**	**PRACTICALITY**	**USABILITY**
WHO	*WHAT*	*HOW*	*RESOURCE IMPLEMENTATION*	
The model should be inclusive all stakeholders This includes being: - considerate of the differences in how people learn/ communicate - gender sensitive - disability inclusive	The model should be able to evaluate matrix and principles of CBR	The model should be able to evaluate outcomes in various domains, components, and elements (CBR matrix and principles)	The model should consider financial cost of implementation	Information (both type and content) should be useful to all stakeholders
	The model should be able to focus on process and outcomes	The model should encourage appropriately applied mixed methods (qualitative and quantitative)	Capacity / skills training. Time	The model should be embedded in program structure to promote sustainability
	The model should be able to accommodate diverse contexts		The model should be flexible to adapt to changing program, since plans change often	The model should present appropriate outputs and be in easy-to-use formats for different audiences
			The model should include user-friendly tools: e.g. - materials/ tools should be in accessible formats (incl. Braille, sign language, simple language etc.) - simple and easy data collection instruments	

Discussion

There is a lack of guidance on what a suitable PE model for CBR should look like. In this study we have identified criteria that should be considered in determining a good PE model for CBR. These criteria were developed through a consensus approach with CBR and evaluation experts with a wide range of practical, geographical and cultural backgrounds. Nineteen criteria were identified through three Delphi rounds. These criteria were reviewed, amended and refined during a one-day workshop with CBR and evaluation experts, which resulted in a matrix of 13 criteria.

The results of the first Delphi round covered broad thematic areas relevant for PE in CBR reflecting the diverse backgrounds and experiences of the panelists and the diversity of CBR itself. The majority of criteria proposed were related to the usability of PE, which reflects discussions and recommendations in International Development that usability is considered a core construct of evaluation research (Cousins 2007).

The ratings generated in rounds two and three suggest that, contrary to previous recommendations made on CBR evaluation (Sabbe 2002, Boyce 2001), accuracy of the evaluation findings and methodological rigor were not considered to be of major importance by CBR practitioners. This might reflect an increased recognition about the complexity of CBR and approaches to evaluating CBR (Velema 2016, Weber 2016).

The majority of articles published on CBR evaluation propose the use of standardized evaluation questions, scoring systems and/or sets of indicators (Adewale 2011, Sabbe 2002, Madden et al 2014). However, despite several efforts to develop indicator lists specifically for CBR (Sabbe 2002, Wirz 2002) there is no evidence of their application and field-testing within CBR programmes. According to Chung "the proposed frameworks have not been put into practice and they lack experiential and empirical proof of their feasibility, applicability and effectiveness in the field" (Chung 2011). Further, this study found that the lowest rated criteria (excluded in round three) were the calls for a 'list of generic indicators to be used in PE in CBR' and 'rigorous evaluation methodology'. Instead, most of the final criteria and the final matrix reflect a need for inclusiveness and flexibility of

processes, reacting to the complex realities of CBR work. This tendency reflects current trends in mainstream international development evaluation where issues of complexity, rather than rigor are recognized as major challenges that have to be addressed and that require fluid and iterative models for evaluation (Bamberger 2016).

The matrix can be used to help select and adapt suitable models for PE in CBR. Additionally the criteria included in the final matrix offer other potential uses. For example, they could be used to assess the quality of evaluations being undertaken within CBR, or applied directly to assess programme implementation.

Strengths and limitations of the study

To the best of the authors' knowledge, this is the first study to use a consensus approach to identify what are considered, by experts, to be criteria for 'good PE' in CBR. The two-step process employed in this research ensured the input and broad representation of experts during the criteria generating Delphi process, and then allowed for in-depth critical discussions of these results in the workshop in order to develop a final matrix of recommended criteria. There were however some limitations. While the Delphi process participants included broad representation from CBR programme staff from different geographical areas, the number of experts working directly in CBR programmes attending the workshop was limited by resource constraints.

Conclusions

This study developed a matrix of criteria for 'good PE' in CBR. The criteria identified are in line with current thinking on international development evaluation, which emphasises the need to consider complexity when evaluating international development programmes. As understandings about CBR and evaluation evolve, so too should this matrix. The authors encourage readers to provide feedback on further activities making use of the matrix presented in this article.

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Competing interests:

The authors declare that they have no financial or personal relationships which may have inappropriately influenced them in writing this article.

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Chapter 5

Mainstreaming Participatory Evaluation in Community-based Rehabilitation: Identifying and Selecting a Suitable Model

Preamble (Chapter 5)

Chapter 1 (introduction), highlighted that many models for Participatory Evaluation (PE) exist within international development. The results of the online survey on capacity, needs and current practice of programme evaluation in CBR (chapter 3) suggested that the CBR community could use models on PE from international development adapted to CBR.

This chapter describes i) a systematic search that was used to identify existing PE tools that could be applied to CBR and ii) the selection of one PE model for field-testing during a consensus workshop with CBR experts.

Mainstreaming Participatory Evaluation in Community-based Rehabilitation (CBR): identifying and selecting a suitable model

5.1 Introduction

As pointed out in the introduction (chapter 1), many models for Participatory Evaluation (PE) exist within international development. The results of the online survey on capacity, needs and current practice of programme evaluation in CBR (chapter 3) suggested that the CBR community could use models on PE from international development adapted to CBR.

This process consisted of two consecutive parts.

1.) Identification of suitable models:

The first part was to identify the models that were suitable for instant, practical use in CBR programmes. This part consisted of two consecutive steps:

a) a systematic search of existing PE tools used within international development. This included a search of published literature, a web-based search and an organization search to identify models that are currently in use.

b) a review of the identified PE tools in terms of their applicability for CBR. The models were reviewed first to assess whether they were "established" and used in international development and then remaining models were assessed against 8 specific criteria, developed by the author to further narrow down the selection.

2.) **Selection** of one PE model to be used for field-testing

The remaining models were brought forward to a consensus workshop with CBR and evaluation experts. In this workshop the criteria for "good PE in

CBR" that were generated through a Delphi process (see chapter 4) were reviewed, refined and then used as a basis to select one model for field-testing.

In the literature on evaluation the terms model, technique, method and approach are used interchangeably. For simplicity this document will use the term 'models'.

5.2 Methodology

Identification of a suitable PE model

Research question: What are the established PE tools used in International Development that could be suitable for CBR?

Search Strategy

A systematic search was conducted to identify PE models that are currently in use within international development. This included i) a search of published literature, ii) a web-based search and iii) an organisation search.

1. Published literature search

The following electronic databases were searched:

- PAIS International (Public Affairs Information Services) (ProQuest)
- R4D (DFID Database)
- Wiley InterScience
- British Library for Development Studies

The following search strategy was used for searching the electronic databases and adapted where necessary.

particip* evaluation$ adj OR PE

- particip* monit* adj OR PM
- particip* assessm* .ti,ab
- particip* monit* and eval* OR pme OR pm&e
- particip* impact monit* .ti,ab
- process monit* .ti,ab
- auto eval* adj .ti.ab
- stakeholder based evaluation$ .ti,ab
- stakeholder assessm* adj .ti,ab
- community evaluation$ adj .ti,ab
- community monit* adj .ti,ab
- community monit* and evaluation$
- action evaluation$ adj .ti,ab
- empowerment evaluation$ adj .ti,ab
- 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14
- tool* .ti,ab
- technique* .ti,ab
- approach* .ti,ab
- methodol* .ti,ab
- design* .ti,ab
- strateg* .ti,ab
- international cooperation adj
- development cooperation adj

- economic and technical assistance adj
- 15 AND 16-21
- 15 AND 16-21 AND 22-24

The literature search was limited to identify models of PE in international development from 1990 onwards.

Searches were run in English but sources in other languages were not omitted.

2. Web based search

Advanced Google, the general-purpose search engine, was searched to identify models of PE. Additionally, a manual search of relevant websites of governments, INGOs, UN agencies, other agencies and academic institutions listed in 1) the DEVEX list of top global development organizations (1) and

2) the Institute of Development Studies' (IDS) list of organisations working in international development (2).

3.Organization based search

National Development Agencies, Multilateral or International Development Agencies and Non-Governmental Organisations were contacted to request details of models of PE in use, published or unpublished. For this 23 organisations were contacted via phone (see Appendix 4).

Criteria for including a PE Model in CBR

A two-step approach was used to develop the criteria by which PE models could be assessed for consideration as the PE model for CBR programmes.

Step 1:

All PE models were included, which were found to be 'established' and used in 'international development' using the following definitions:

"Established":

- Evidence of use in more than one country
- Evidence of current use of the model by at least one agency showing evidence from websites or published literature to use it

"International development":

- Evidence of use in low and middle-income countries as defined by the World Bank Atlas method (3).

Step 2:

The PE tools identified from Step 1 were reviewed to assess whether they were (a) participatory and (b) suitable for use in CBR.

Operational definitions

Participatory Evaluation

Participatory evaluation is a general term that refers to a wide range of methods where primary stakeholders are active participants in the evaluation process (4). Literature reviews emphasise that there is no single, coherent conceptual definition of PE rather that there is a great variety in concepts, methods and applications adopted (5,6). The methods that can be classified as participatory vary widely (7). While some consider an approach involving any interaction with stakeholders as participatory, others claim that „true" participation means that all key stakeholders are actively involved at all stages and levels of the evaluation process. For this study a broad operational definition of the term participatory evaluation was adopted:

> All stakeholders can potentially be engaged in developing and implementing the evaluation at all phases of the process.

Suitability for CBR

CBR programmes exist in different socio-cultural and economic settings and show diversity in thematic focus, differences in forms of delivery, participation and cultural embeddedness (8,9). Therefore, to be suitable a PE tool for CBR needs to be:

- *Flexible:*

  A participatory model for evaluating complex programmes like CBR requires considering the multiple complementary or causal pathways in achieving objectives (e.g. in health, education livelihood etc.), as well as various levels of geographical involvement (district-national-

international) and evaluations ranging across several different programme stages.

- *Comprehensible:*
  To enable the process to be participatory a PE model used in CBR needs be comprehensible for **all** people involved in CBR projects and programs: this includes project staff, governments, donors, communities and above all persons with disabilities and their families whose needs they aim to meet.
- *Replicable:*
  To ensure that a PE model for CBR is readily applicable in different settings the model needs to explain in a clear and comprehensive manner the conceptual and operational issues that are needed for it's execution (e.g. through a training manual).

Based on above considerations, eight specific criteria were developed by the primary researcher based on literature, the results of the online survey (see chapter 4) and his understanding of CBR and applied to the remaining models. These exclusion/ inclusion criteria were created to narrow down the search for models prior to presenting at the consensus workshop. This was done to make the task of the workshop more feasible as it would not have been possible to thoroughly review all 38 models in step two of the model search (see figure 5.1.). Because this activity was undertaken prior to the workshop, the inclusion/exclusion criteria differ to the finalised criteria in the matrix, which were used for final selection and further fine-tuning of the selection in the workshop (see p.).

The 8 criteria used for selecting possible PE models pre-consent workshop, were structured under the headings of flexibility, comprehensibility, reproducibility and participation and are explained as follows:

Flexibility

Criteria 1 (C1): *The model is designed to be applied in a wide range of international development sectors* (rather than including components/processes/approaches that are very specific to a particular sector, such as peace keeping or agriculture, only)

As highlighted in the CBR matrix, different sectors such as health, education, livelihood, empowerment and the social sector can make up a CBR strategy. A PE model therefore needs to be flexible and broad enough to be employed in these different sectors. Some PE models introduce tools that are specific to one sector, such as emergency response or evaluation of programme volunteers in international development and these would need to be adapted first to the field of CBR prior to field-testing. In this PE model search, however, a key prerequisite was to find a model for instant application that did not require adaption.

C2: *The model can be used in different socio-cultural contexts.*

CBR is implemented across the globe and therefore a PE model that could potentially be used in any CBR programme needs to be flexible to be used in different social and cultural contexts.

C3: *The model can be used across all programme stages including planning, initial implementation, mature implementation and outcome stage* (10).

The WHO CBR guidelines acknowledge that evaluation should play a distinct role at all stages of the programme cycle and should not be merely seen as an end of project cycle exercise. Different reasons to assess a programme might be relevant at different stages, such as evaluation of the need of the programme (planning), evaluation of programme design and logic/theory (initial and mature implementation) and evaluation of programme's outcomes or impact (initial implementation, mature implementation and

outcome stage). The PE model selected for field-testing needed to be flexible enough to be applied to any of these.

Comprehensibility

C4: *The evaluation process can be led/facilitated by programme managers/coordinators and does not rely on an evaluation professional.*

Lack of funds for evaluation as well as the lack of available qualified evaluators can be a key barrier to implementation of evaluations in CBR (as highlighted in the survey, chapter 3). Many CBR programmes will not be able to employ highly trained independent evaluation professionals. Therefore the PE model needs to involve processes that can be locally led and facilitated, if necessary.

C5: *The model is usable with limited literacy* (including computer literacy).

The online survey conducted for this thesis (chapter 3) suggested that one third (33%) of CBR programmes that participated use paper based monitoring systems. Although this does not conclude that these programmes do not have computer access or are not computer literate, it is possible some programmes will face difficulties in relying on IT technology to conduct evaluations. Additionally, the author of this thesis has observed during more than 200 CBR programme visits over the last decade (as global CBR advisor for CBM) that in a considerable number of programmes, staff (especially field workers) have limited literacy skills. A PE model that would not be usable for people with limited literacy would therefore exclude key stakeholders from participation.

Reproducibility

C6: *Facilitators manual and/or facilitators guidelines and/or a training course is available.*

The research hypothesis of this thesis asks for successfully piloting a model of PE used in international development in the field of CBR. The author

acknowledges that more than one model, including a combination of different models or an adapted PE model used outside international development could have potentially been used for field-testing. However, for this research I was looking for a PE model that could be instantly implemented in a CBR programme as a platform for critical discussion around PE in CBR. Therefore manual/training guidelines were considered essential. To adapt a PE model to CBR, to synthesize more than one model or to write a manual prior to field-testing would not have been feasible within the time frame of this thesis.

Participation

C7: The programme stakeholders rather than an external evaluator lead on the evaluation processes.

This criterion builds on the statement made in C6 above ("not relying on evaluation professional") and additionally emphasizes that the PE needs to enable the stakeholders to follow through not only the facilitation and implementation of the PE model, but the entire evaluation process in order to be in line with the working definition of "participatory" used in this thesis (see above).

C8: *All evaluation stakeholders can potentially be involved in all phases of the evaluation including collecting, analyzing and disseminating the information.*

This criterion is connected to C4 and C8, and additionally emphasizes that evaluation stakeholders on the ground, especially perceived "weak stakeholders" (11) should be empowered to take on fundamental roles during the entire evaluation process and not being reduced to "data collectors".

The main author (JW) and an expert on developmental evaluation (MS) independently assessed the models found in the search to determine whether they met the inclusion criteria. Consensus regarding inclusion was reached through discussion.

Workshop to select the PE model for field-testing

The final selection of one PE model to be used for field-testing was conducted during a one-day consensus group workshop held at London School of Hygiene and Tropical Medicine on May 2nd 2013. The researcher and one participant took detailed notes of the workshop.

The workshop participants were chosen based on their experience in CBR programme implementation, evaluation and research.

Eight individuals participated, representing LSHTM, WHO Disability and Rehabilitation, University College London, CBM, Handicap International, University of Sidney and one freelance consultant on development evaluation. The workshop was facilitated by the researcher (JW).

The aim of the workshop was to select a model for PE for field-testing and to advise on the methods for field-testing.

The workshop comprised two parts:

1. Finalization of criteria for good PE in CBR
2. Selection of one PE model for field testing

1. Finalisation of criteria for good PE in CBR

(see more details in chapter 4)

A summary of the research already undertaken (survey of evaluation in CBR, Delphi exercise, systematic review of available tools) was presented and discussed.

The participants formed two groups with a mix of CBR and evaluation experts. The groups discussed and revised the criteria of good PE identified during the Delphi process taking into consideration the findings from the survey of evaluation in CBR. All 8 participants then agreed through consensus on a final matrix of criteria, which guided selecting the final model for field-testing.

2. Selection of one PE model for field-testing

The models of PE identified through the systematic search as being most suitable for CBR were introduced and the group reviewed each model against the agreed criteria for good evaluation.

After discussion, unanimous agreement was reached among participants on the PE model to be used for field-testing.

5.3 Results

Identification of PE models

The search identified 70 models of PE.

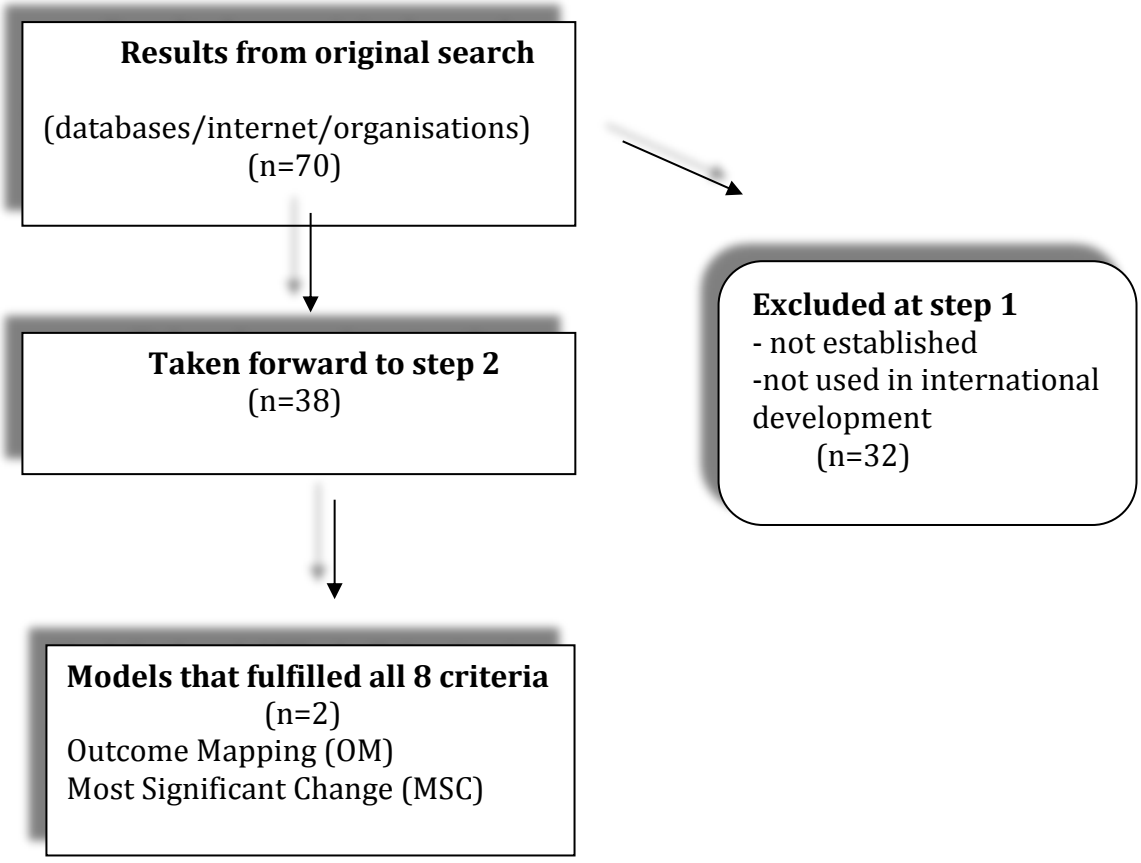
Step 1

Thirty-two models were excluded because no evidence was found that they have been used in low and middle-income countries (n=29) and/or they did not meet the inclusion criteria of being 'established' (n=13).

Step 2

Among the remaining 38 models only two met all eight inclusion criteria for being fully participatory and suitable for use in CBR (see table 1). These were Outcome Mapping (OM) and Most Significant Change (MSC).

Figure 5.1: Flowchart of the systematic search process



Excluded models

As shown in Table 1, most of the 38 established models used in international development met the inclusion criteria of being applicable in a wide range

of sectors (N=29) and providing potential for use across geographical and cultural borders (N=36). However, 28 models provide no facilitators' manual or guidelines and lacked mechanisms that enable programme managers in the global South to facilitate participatory evaluation processes, such as comprehensive description of tools that are understandable for non-evaluation professionals (N=25). More than half of the models reviewed were not considered useable in a context of limited literacy (N=22), because they rely either on specially designed software packages for data analysis (i.e. Balanced Scorecard) or require reading and writing skills to follow through the entire evaluation process (i.e. ROACH and NGO IDEAs toolbox). Only eleven models met the criteria for being fully participatory.

Table 5.2: Table of PE models reviewed against the criteria from Step 2

PE model	Criteria							
	C1: Wide applicability	C2: Usability in different socio-cultural contexts	C3: Usability across all programme stages	C4: Evaluation can be led by persons within the program	C5: Usability with limited literacy	C6: Availability of facilitator manual or training	C7: Stakeholders lead the evaluation	C8: All stakeholders can be involved in evaluation
Failed at least one inclusion criteria								
AI: Appreciative Inquiry	X	X	X	0	0	0	0	0
NGO – IDEAs Toolbox	X	X	X	X	0	X	X	X
PI: Participatory Impact	X	X	0	X	X	X	X	X
PIPA: Partic. Impact Pathway Assessment	X	X	0	n/a	X	0	n/a	X
ToC: Theory of Change	X	X	0	0	X	X	n/a	n/a
CSoC: Critical Stories of Change	X	X	0	0	X	0	X	X
"Making a difference" Method	0	X	0	0	0	X	0	0
MAPP: Method for Impact Assessment of Programmes and Projects	0	X	0	X	0	0	0	0
DNH:Do No Harm	X	X	0	X	0	0	n/a	n/a
LQAS: Lot Quality Assurance Sampling	X	X	0	0	0	0	0	0
Movie: Monitoring of Effects	X	X	X	0	0	0	n/a	n/a

PIA: Poverty Impact Assessment	0	X	X	X	X	0	X	X
RIA: Rigorous Impact Analysis	X	X	0	0	0	0	n/a	n/a
SAGE: Situational Analysis and Goal Establishment	X	X	0	0	0	0	n/a	n/a
SIA: Sustainability Impact Assessment	X	0	0	0	0	0	0	0
CLM: Composite Logic Model	X	X	X	0	0	0	n/a	n/a
Contribution Analysis	X	X	0	X	n/a	0	0	0
LAST: Livelihood Status Tracking	0	X	0	0	0	0	n/a	n/a
PaLSA: Participatory Livelihood Monitoring	0	X	0	X	n/a	n/a	n/a	n/a
PCIA: Peace and Conflict Impact Assessment	0	X	0	0	0	X	0	0
MCVD: Participatory method for measuring the contribution of volunteering to development	0	0	0	0	0	X	0	0
Outcome Harvesting	X	X	X	0	0	0	n/a	n/a
ROMA: Rapid Outcome Mapping Approach	X	X	X	X	X	0	X	X
ECDPM: Five Core Capabilities Model	X	X	X	0	0	0	n/a	n/a
PISA: Participatory Information Systems Appraisal	X	X	0	0	n/a	0	n/a	n/a
Roach: Results-Oriented Capacity Development and Change	X	X	0	0	0	0	n/a	n/a

District Based Poverty Profiling, Mapping and Pro Poor Planning	0	X	0	0	0	0	n/a	n/a
Strategic Planning. An inquiry approach	X	X	0	0	n/a	X	n/a	n/a
Measuring while you manage	X	X	0	0	0	0	0	0
Critical Webs of Power and Change	X	X	0	0	0	X	0	0
ENRAP: Systematization to capture project experiences	X	X	X	0	0	0	0	0
Multi-stakeholder Implementation tracking	X	X	0	0	n/a	0	n/a	n/a
Participatory Indicator Development	X	X	0	0	0	0	n/a	n/a
Balanced Scorecard	X	X	X	0	0	0	0	0
Utilization focused evaluation	X	X	X	0	n/a	0	X	X
Empowerment Evaluation	X	X	X	X	X	0	X	X
Transformative Evaluation	X	X	X	X	n/a	0	n/a	n/a
Participatory Rural Appraisal	X	X	X	X	X	0	X	X
Met all inclusion criteria								
MSC. Most Significant Change	X	X	X	X	X	X	X	X
OM Outcome Mapping	X	X	X	X	X	X	X	X
Total number of models meeting criteria (% out of all the 38 models reviewed)	32 (78%)	38 (100%)	16 (42%)	13 (34%)	10 (26%)	10 (26%)	10 (26%)	11 (29%)

X = PE Model met criteria; 0 = PE Model does not meet criteria; N/A = no information available

Included models

Two models fulfilled all the inclusion criteria: Outcome Mapping (OM) and Most Significant Change (MSC), which are briefly summarized below

Outcome Mapping (IDRC 2001)

Outcome mapping offers a conceptual framework that can be used to create planning, monitoring and evaluation mechanisms.

The model was designed in 2001 by the International Development Research Centre (12) and is widely used in various types of programmes in the global south (e.g. in community development programmes, farming initiatives and primary health programmes). It differs from traditional metrics in that it does not focus on measuring deliverables, such as number of people trained or seeds distributed and its effects on primary beneficiaries. Instead it provides a set of tools to design and gather information on the outcomes, defined as 'behavioural changes'. The outcome mapping process consists of three stages.

The first stage addresses the questions:

- What is the vision to which the program wants to contribute?
- Who are the program's boundary partners?
  (Boundary partners in OM are a subset of stakeholders, which is a general term for anyone holding a stake in a particular situation and is influenced by or seeking to influence a change)
- What are the changes being brought about by the programme?
- How will the programme contribute to change?

The second stage, "Outcome and Performance Monitoring", provides a framework for the monitoring of the program's activities and the progress of the boundary partners towards program outcomes.

During the third stage the evaluation stakeholders develop an evaluation plan and evaluation priorities (12).

About Most Significant Change (MSC) (13)

MSC was developed in the 1990's by Rick Davies and a user guide was published in 2005. It is a qualitative and participatory method for Monitoring and Evaluation of projects or programmes. MSC processes involve the collection of significant change stories emanating from field level, such as from community workers or service end users and the systematic selection of the most significant of these by groups or panels of designated stakeholders. The evaluation stakeholders meet to tell or read the stories and conduct in-depth discussions about the value of the reported changes and which of these they think are the most significant ones.

Final selection of tool for field-testing

The final selection of one PE model to be used for field-testing was conducted during a one-day consensus group workshop.

The workshop participants expressed general agreement that there is a lack of information on experiences of PE in CBR and this needs to be addressed. However, they also pointed out that evaluation is only one way to improve CBR programmes, with more research, including Participatory Action Research approaches, as well as "traditional evaluation approaches" needed in the future. Several participants highlighted their preference for the use of generic PE tools for CBR rather than developing a CBR specific approach.

The group discussed the potential value of combining approaches used in different models. However, one of the CBR experts reported on the difficulties that their research group had encountered in attempting to combine different methodologies to develop a specific CBR evaluation tool kit: "It would be difficult to find the right approaches and to combine them in a meaningful way and at the same time consider the limited resources, such as time and funds that CBR programmes have to deal with. There is probably no evaluation approach that is best, nor is there a good enough one. A flexible approach is important…" (CBR expert).

In light of this discussion the group agreed that for this research project, the best approach would be to select one model ready for application, rather than combining several models.

Before reaching a final conclusion on which model to select the evaluation experts among the workshop participants revisited the full list of PE models that were found during the model search (see page 105) to see whether any other model should be considered in addition to the two models proposed by the author. They reflected that PRA offers many tools that might be suitable for CBR, but offers no coherent model for instant use, but rather a multitude of tools that can be combined and was therefore rightly not considered for final selection for field-testing. The participants supported the decision to narrow down the selection to MSC and OM, as both of these are well known and can be facilitated using established manuals. However, it was emphasized, that because of the rapid developments in evaluation within international development, new models are frequently developed. Thus OM was not selected because of its guaranteed unfailing capacities as PE model, but rather as a model perceived by this workshop group to be the best available platform for testing and generating discussion around PE for this specific research.

In light of this introductory discussion, the workshop group reviewed and revised the criteria that were developed during the DELPHI process. As these discussions took place in groups, it is not possible to analyse the content of the discussions, but there was agreement in the final criteria that are shown in table 5.3.
Most Significant Change and Outcome Mapping were then mapped against these revised criteria (see Table 3).

Table 5.3: OM and MSC reviewed against Criteria for "good PE"

Criteria	**OM**	**MSC**

DIVERSITY		
The model should be inclusive all stakeholders	X	X
Should be able to evaluate matrix and principles of CBR	X	X
The model should be able to focus on process and outcomes	X	X
The model should be able to accommodate diverse contexts	X	X
VALIDITY		
Should be able to evaluate outcomes in various domains/components /elements (CBR matrix + principles)	X	X
Encourage mixed methods (qualitative and quantitative) appropriately applied	X	O
PRACTICALITY		
Financial cost	X	X
Capacity / Skills, Training Time	X	X
-Plan changes often – Flexibility to adapt to changing program	X	X
User friendly tools	X	X
UTILITY/USABILITY		
Information (type/content) useful for all stakeholders	1	1
Embedded in program structure to promote sustainability	1	1
Outputs appropriate & easily handled formats for different audiences	1	1

1 These points need to be subject to field-testing

The workshop participants agreed that it was not possible to assess the extent to which either model met the utility/usability criteria without field-testing. The group recommended therefore that the **utility/ usability** domain should be focus of subsequent field-testing of the model in CBR. This supports the assertion by Cousin et al that usability is the most conclusive and important indicator for sustainable evaluation practice and a core construct in evaluation research to assess whether an evaluation model "works" in practice (14).

No significant advantages of one model over the other could be identified in the categories of diversity and practicality. However, MSC did not meet the criteria of encouraging the application of mixed methods. MSC is effective in collecting and analysing qualitative data, but not for quantitative data, which is considered important for CBR, programmes (15, 8). MSC was felt by some workshop participants to be appropriate as an additional evaluation instrument but not as a stand-alone model for CBR evaluation. As one workshop participant reflected:

"Most Significant Change is a useful participatory tool that can be added in any evaluation to get people`s voices heard and narratives be part of the process. But I think it should not be a stand alone model since it is not telling you how to collect quantitative data"

The evaluation experts highlighted that OM allows plenty space for creative ideas and is prepared for unexpected changes or surprises during the evaluation, which might prove helpful for adaptive processes during field-testing. Further they considered OM to be a good basis for using innovative monitoring tools such as video, photos and social media, if needed. However, other participants pointed out potential disadvantages of OM such as the intensive and elaborated step-to-step approach, which requires a lot of information to be documented potentially involving a lot of paper work, as well as the costs of conducting OM workshops that should be considered for the pilot-tests.

Taking into consideration these discussions, the group concluded that OM seemed flexible enough to be adapted to CBR and that it has the best potential among all the PE models screened for instant implementation for this research project. The group unanimously agreed that OM should be used for field-testing in this research project and the area of process use should be investigated.

5.4 Conclusions and Implications

To the best of our knowledge this is the first study that has explored the potential suitability of existing PE models in international development for CBR. The search presented in this chapter is based on a comprehensive review of different data sources, therefore we are confident that we have identified the most prominent and most widely used PE models.

The aim of this study was to i) review PE models used in international development against a set of criteria to identify models that could be applied in CBR and ii) to select one for field-testing. The selection criteria for the PE model were set in a way that only models which demonstrated potential for instant practical use in programmes, such as by providing a trainer's manual, were included.

Thirty-eight established evaluation models used in low and middle-income countries were identified; however twenty-eight were not considered appropriate for application in CBR as they lack a facilitator manual or guidelines and are limited in terms of their accessibility for non-evaluation professionals and programme stakeholders with limited literacy. Based on these findings, it is recommended that authors of these PE models consider writing accessible manuals or review their tools for accessibility in order to support a wider dissemination of these models in programmes and initiatives in the global south.

Two models were identified that fulfilled all criteria and are widely used in international development (7,16): Outcome Mapping and Most Significant Change. During a consensus workshop OM was chosen as the most appropriate PE model for field-testing in a CBR programme for this study.

5.5 Next Steps

To adapt participatory evaluation models in new sectors requires the investigation of the advantages and challenges of these models through real life implementation, exploration and using learning histories of projects that implement the models (16,17). Having identified a potential model against set criteria, the next step is to assess the usability of this model (OM) within real world conditions; involving the stakeholders involved in CBR and within the context CBR is working in.

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Chapter 6

Towards a ‘Mind Map’ for Evaluative Thinking in CBR: Reflections and Learning

Preamble (Chapter 6)

Chapter overview

OM was selected as a PE model to be field-tested in one working CBR programme in Jamaica. Chapter 6 provides an in-depth account of a set of critical debates held in Jamaica with CBR programme stakeholders during and after the implementation/adaptation. Additionally it describes a locally relevant 'programme mind map' which was developed by the evaluation stakeholders as part of the research to guide evaluative thinking.

To our knowledge this is the first ever-documented implementation and adaptation of a PE model in a CBR setting. The detailed description and analysis of this process was published in "Disability and the Global South" in 12/2016. To give more context to this work, details of the study setting and the positionality of the researcher and the workshop facilitators are discussed below.

Study setting

OM was implemented, adapted and evaluated in one well-established CBR programme in Jamaica: The Clarendon Group for the Disabled (CGD). This registered NGO have their main office in the town of May Pen (30 000 inhabitants), the capital of Clarendon, a parish in southern of Jamaica. CGD works throughout the parish. The parish is predominantly a wide plain that stretches between a mountainous northern part and the southern coast. One source of employment is Bauxite mining but the majority of the population (80%) lives in rural areas with subsistence farming as the main source of income. Clarendon is one of the poorest parishes in Jamaica with limited health and social services and one of the highest murder rates in the Caribbean. Additionally, major parts of the parish are at risk from soil erosion, flooding and landslides (1).

CDG was initiated in 1988 as an extension of a CBR programme (3D Projects) that had been operating in the neighbouring parish of St. Catherine since 1985. The programme conducts weekly home visits to more than 200 children with diverse disabilities and their families. During the visits field workers teach basic rehabilitation skills (e.g. activities of daily life or simple physiotherapy exercises) and advise the family members on a wide range of topics such as behaviour management or how to build simple assistive devices. The clients are referred to CDG by local doctors, midwives or by community members. The programme also offers public education talks on disability awareness to schools and health centres and coordinates a parent self-help group.

CGD has five full time paid field workers and one parish coordinator. Its operations are overseen by a volunteer board of 6 directors, mostly comprising local businesspersons. Funding for CGD is from the ministry of education (50%) as well from donations from local businesses.

Role and Positionality of the researcher and workshop facilitators

The researcher (JW), who is currently global CBR advisor for CBM, was known by most CGD staff since he facilitated joint workshops for CBR personnel in Jamaica during his 6-year role as CBM advisor for CBR in Jamaica (2006 to 2011). As regional CBR advisor the researcher was not directly working with CGD, but offered technical courses (management training, therapy techniques etc.) to CBR groups and field workers across the island. CGD has not received any funding from CBM during the research. Further, no expectations of future funding through CBM were expressed or pursued and staff were aware that CBM had withdrawn from the Caribbean. Therefore, there was not considered to be any conflict of interest.

The evaluation workshop was facilitated by two people. SG is a Maltese national an academic in critical disability studies with more than 15 years

of experience in working in low and middle income countries, including in CBR programmes. MS is the German Monitoring and Evaluation coordinator for CBM with more than one decade of experience in facilitating PE workshops, including OM. They delivered a joint facilitation: both facilitators took turns to introduce OM concepts and to assist the discussion of upcoming topics during the workshop. Neither facilitator (MS and SG) had any links to the programme prior to the study.

Efforts were made to limit bias that could arise from European facilitators and researcher working in the context of a CBR programme in Jamaica, such as programme participants feeling reluctant to voice opinions or to give answers they thought the facilitators/ researcher wanted to hear. Both facilitators spent one week before the workshop getting to know the CGD programme and staff and other workshop participants. This was important for the facilitators to have time to get accustomed to and learn about the CBR programme and its stakeholders as well as the socio-cultural and political environment of Jamaica. It was also important for enabling the facilitators to show the workshop participants that they would be valued and treated respectfully.

The PE workshop provided a shared space, shaped by the workshop participants, the facilitators as well as the primary researcher. As such, the identities of all persons that were present had the potential to impact the workshop process as well as the research process. Temple summarizes this situation: " Identities come into play via our perceptions, not only of others but of the ways in which we expect others will perceive us (2)."

CGD frequently receives visitors from abroad (volunteers, guest. physiotherapists etc.), so it was not a new situation for the CBR programme to interact with European researchers. In turn, both facilitators are highly experienced professionals that have spent many years working in remote areas in low and middle-income countries, which helped them to relate well

to the Jamaican context. Both facilitators acknowledged their role and they were aware of their positionality as "foreigners" or cultural "outsiders". The CBR programme stakeholders, however, seemed to appreciate this outsider role and saw it as a strength. They expressed their appreciation of how the facilitators " see and recognize things that our eyes miss, since we are around all the time. It is really helpful to have an outside view on things …" (field worker).

The workshop participants also reflected positively about the participatory nature of the evaluation they were engaged in. They commented this helped them to connect with each other and with the facilitators and helped to limit selective perceptions, i.e. perceive only what they want to while ignoring opposing viewpoints. They appeared to visibly enjoy the opportunities to speak up, discuss and tell their side of the story and hear other participants' views. As one participant put it: " evaluation is something that should be including all of us, not only staff. It should be normal. We all have a story to tell and if you do not ask us they will get lost. (parent)."

Before, during and after the workshop the evaluation participants, as well as the facilitators reflected separately on their role and positionality giving feedback in group sessions and anonymously in written form after the workshop. The workshop participants expressed that the facilitators did not interject their own personal opinions or agenda on the group. They remained culturally sensitive and alert to the group dynamics and encouraged challenging reflection while maintaining respect and safety within the group.

Positionality statement of the main researcher

With a background as a cultural anthropologist I am well aware that the perspective that I take as researcher impacts the knowledge about the phenomenon I am investigating, in this case the process use of implementing PE in CBR. While fully committed to limiting bias during this study, I agree with Vass et all that "..all truths in qualitative research are partial.."(3). Being a human being in a real life context and listening to narratives that were very personal during workshop focus groups and interviews I am aware that it is virtually impossible to not become emotionally invested.
Attempts to reduce bias resulting from this included conducting regular feedback meetings with my supervisors, the workshop facilitators and colleagues advising me on the research and the evaluation stakeholders in Jamaica.

I have previously worked for 6 years in Jamaica and therefore, I was familiar with the socio-cultural environment in Jamaica, the locations of the CBR programme (CGD) as well as the roles of the workshop participants. Familiarity with the community's culture, customs and contextual aspects articulated in and framing participants' narratives and experiences may well have positively contributed to better understand and position their responses within the line of inquiry. However, and it is important to emphasise that like any other research, this study is neither neutral nor free from personal bias or influence. Indeed, assumptions are made, and like any other analysis, it is partial, conditioned and sometimes conditioning. This same familiarity, or rather assumed knowledge may well have posed a number of risks. For example, attempting to listen and interpret in a grounded, so to speak 'Jamaican' way, while generally positive, may have contributed also to a lack of objectivity or a more 'detached and independent' positionality. Furthermore, it is also possible that attempting to attend to the needs and demands of the study, and the requirement for specific information, conditioned the way questions were posed, and hence the responses elicited, rather than following a more

'natural' course of narrative deemed important by participants themselves. In relation to this, some background information may have been lost, which would have required more exploratory questioning. To limit this type of subjectivity as much as possible, I reviewed and reflected on field notes and interviews at the end of each day to identify where this might have happened and to adapt future communication accordingly.

I was present as a silent observer during the entire PE workshop, placed at the rear of the workshop location (the CGD office) where I took notes about the content of the workshop and the interactions. Although this has the potential to introduce some bias in the proceedings (e.g. people not being fully open/expressing opinions) however, the workshop participant's indicated during discussions and in anonymous written feedbacks, that my presence did not influence the way they were interacting or their ability to speak out freely. Through regular feedback sessions with colleagues, as well as the workshop facilitators after the OM workshops I additionally tried to put my views in a perspective and to reflect on my subjectivity. I recognize that subjectivity can probably not be entirely eliminated from any narrative research that involves the interaction of sense-making human beings in a shared environment. However, all efforts were made to reflect in a balanced way on the interviews and focus groups I conducted, as well as on the proceedings of the workshops that were held in Jamaica.

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SECTION A – Student Details

Student	Jörg Günter Weber
Principal Supervisor	Sarah Polack
Thesis Title	Participatory Evaluation for Community-based Rehabiitation

If the Research Paper has previously been published please complete Section B, if not please move to Section C

SECTION B – Paper already published

Where was the work published?	Disability and the Global Southl Journal		
When was the work published?	12/2016		
If the work was published prior to registration for your research degree, give a brief rationale for its inclusion			
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Stage of publication	Choose an item.

SECTION D – Multi-authored work

For multi-authored work, give full details of your role in the research included in the paper and in the preparation of the paper. (Attach a further sheet if necessary)	J.W. was responsible for research design, conducted all interviews and focus groups and led on analysis and writing of the manuscript. S.P and S,G. commented on the manuscript and design.

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Towards a 'mind map' for evaluative thinking in Community Based Rehabilitation: reflections and learning

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Calls for evaluations in Community Based Rehabilitation (CBR), in particular those of a participatory nature have stepped up in recent years. Much of this shifting discourse has emerged in response to the fact that evaluations overall remain scarce. Furthermore, very little is known about the impacts of CBR in practice and if/how it benefits persons with disabilities and their families on the ground. Nevertheless, and despite the calls for participatory approaches, the few existing efforts are too often targeted at creating standardised evaluations frequently at the expense of voice, participation and flexibility. This paper reports on a series of critical workshops held in Jamaica with CBR workers and other stakeholders, the objectives of which included discussions and reflections on emerging issues in localised, locally driven and responsive participatory evaluation frameworks. The findings highlight how participants favoured a flexible, adaptive and iterative approach that was not rigid, structured or per-determined by outsiders. Instead, they favoured an approach that created a safe space for sharing and learning, prioritised their narratives, and that was directly linked to and that fed directly into action on the ground. The paper concludes with the call for critical, engaged and bottom-up approaches that move away from control-oriented approaches in CBR towards more experimental and adaptive problem and process-oriented approaches, that embrace complexity and that are consistently responsive to an ever changing context.

Keywords: Community Based Rehabilitation, Participatory Evaluation, Outcome Mapping

Introduction

Over the past decades, Community-based Rehabilitation (CBR) has been framed as a strategy to address the wider needs of persons with disabilities. Promoted heavily by the World Health Organization (WHO) and other United Nations agencies in the late 1970s, it quickly became a discursive and practice model intended to maximize the participation and inclusion of persons with disabilities in their communities. Driven by the principles of cost- effectiveness,

participation, use of local resources, and the effective inclusion of family and community, it has progressively become (and perhaps uncritically) a gold standard for understanding and working in the field of disability in the global South.

CBR has, over the past decades, developed alongside the establishment of a set of guidelines, numerous conferences on the subject and the development of various training manuals and training sessions. CBR has been closely linked to other growing trends in the sector, including disability mainstreaming, linkages with the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs), and most recently disability-inclusive development (DID). A plethora of so-called 'experts' continue to shape careers as CBR consultants and advisors and others are busy trying to frame and measure CBR and to streamline this process across spaces and places, too often with little or no alertness to contextual, personal, and other dimensions of heterogeneity and complexity.

In international development, it is well established that programme evaluations are important to demonstrate and measure impact (although this is a highly debatable concept), and to help identify the most valuable and efficient use of resources (see Stern et al., 2012; Bamberger et al., 2012). Since the publication of the CBR Joint Position Paper in 2004, an increasing number of authors (see Adewale, 2011; Grandisson, 2014; Velema, 2016) point towards evaluation as the key to beginning to understand and demonstrate the 'effects' of CBR on the ground. The hope is that this would step up its credibility and evidence base, and ultimately contribute to the well-being of persons with disabilities in these geopolitical spaces.

Participatory approaches to development have and continue to be strongly promoted in development discourse and practice. Notwithstanding the (often) convenient and opportunistic adoption of such terms in the sector, the idea is that participation is critical in effectively incorporating the perspectives of local stakeholders in policy development, programme implementation and decision-making. An increasing number of international development organisations (see for example FAO, DANIDA, SIDA, USAID, ADB, and World Bank among others) have also discussed the importance of using more participatory approaches in monitoring and evaluation. A review of Monitoring and Evaluation practices conducted by the Organisation of Economic Cooperation and Development (OECD) in conjunction with the commission of the European Union shows the need to move towards more methodological diversity to include participatory approaches (Stern et al., 2008). Literature emphasises that there is a great variety in concepts, methods and applications adopted under the umbrella term of participatory evaluation (PE) (see Estrella and Gaventa, 1998; Aubel, 2004).

The call for participatory approaches has been strongly echoed in the disability sector too. The Joint Position Paper and the CBR Guidelines, in line with recommendations of other recent international frameworks on disability (e.g. the UN Convention on the Rights of Persons with Disabilities (UN, 2006) and the World Report on Disability (WHO and World

Bank, 2011) for example, call on Disabled People's Organisations (DPOs) and persons with disabilities and their families to be the driving force behind CBR programs, as opposed to being passive recipients of services. These documents explicitly encourage people with disabilities to promote community control and ownership of CBR programs. This, they suggest, can be done by taking leadership roles in implementing these programs, controlling the resources connected to CBR activities as well as monitoring and evaluating processes. Grandisson et al. (2014b: 272) are emphatic: 'the evaluative process needs to be conducted in close collaboration with the local community, including people with disabilities, and to be followed by sharing the findings and taking actions'. As a response to the complex multi-stakeholder environment in which CBR is implemented, the authors go on to call for participatory approaches to evaluation in CBR.

Despite the enthusiasm and the proliferation of manuals and international visibility, CBR, though, remains haunted by deep problems and challenges. Critics have expressed various concerns over the past years including lack of conceptual clarity around what CBR actually means in practice (see Grech, 2015), co-option by powerful outsiders (Weber, 2014) and even transfer of negative/harmful institutional practices to the community (Miles, 2007). A significant problem has also been and continues to be the fact that evaluations of CBR in practice remain scarce if not absent. Very little is known about the impacts (if any) of CBR on persons with persons with disabilities and their families and if these are on their own terms across a range of complex and heterogeneous contexts. Thomas (2011: 283) highlights how while CBR is 'data rich', it remains 'evidence poor'. Similarly, Finkenflugel et al. (2005:192) conclude that the 'effectiveness of CBR cannot sufficiently be established'. Critical evaluations of CBR remain particularly scarce, especially those adopting qualitative, narrative and responsive research approaches prioritising voices and context (Grech, 2015). Participation, especially by local stakeholders, not least persons with disabilities and families, remains virtually absent in this process of evaluation, one too often co-opted by powerful outsiders bent on containing CBR and establishing standardised frameworks and classification models. Participatory evaluation methodologies for CBR have received little attention in the international disability and other sectors in both theoretical and practice spaces. In the field of CBR, the majority of evaluations that have featured in the largely grey literature are either third party evaluations or those conducted by project management for end of project reporting purposes. Reflection and follow-up on what actually happens in practice are scarce, and once again local voices are occluded. The few examples of participatory evaluations (PE) and those that claim to adopt a participatory approach, often do not specify the participatory processes or tools they have used in their program evaluations.

Critics within development (see for example Chambers, 1994; Kothari, 2001) have also warned that it is not sufficient to only provide development workers with a new set of tools. Instead, their sustained and effective use needs to be ensured in benefit of those we work with, and most importantly on their own terms. Indeed, a body of critical literature has

emerged contesting even the notion of participation in development, not least in its frequent opportunism and unshifting power relationships (see Escobar, 1995; Cooke and Kothari, 2001; Grech, 2009). Blackburn & Holland (1998:3) stressed a while back how '..while participation has become the sacred cow of donor organisations, in many cases they have only vague ideas regarding the parameters and requirements for participatory development including Participatory Monitoring and Evaluation'. Mayoux (2005: 26) further elaborates this line of thought, pointing out that the adoption of participatory evaluation approaches '...requires a shift in focus, time, skills, resources and attitude'. Estrella and Gaventa (1998:5) follow this discourse, highlighting how there is no blueprint or one set way of conducting participatory evaluation since '...the concept is critically evolving and adapting according to project needs'.

In this paper, we reflect critically on participatory evaluation in CBR through a set of critical debates held in Jamaica with CBR workers. In this study, Outcome Mapping (OM), a widely used evaluation model in international development, was used as a basis for introducing and discussing participatory evaluation in and through an active CBR programme in Jamaica. Our objective was to accompany and document reflections on processes around the development of a locally driven and responsive 'framework' for participatory evaluation. Local actors were the driving force in the debates and how these unfolded. The aim of this exercise was not to add a new theoretical framework specific to CBR. Instead, we sought to critically discuss participatory evaluation and explore the possibilities of a locally adapted and fluid approach to PE that participants felt was useful to their own practice. This meant taking the social, cultural/ideological, political and economic context into consideration, and acknowledging and prioritising the central roles various stakeholders and their changing interactions play in implementation. We were also not so concerned purely with the production of knowledge, but with the ways in which these debates could benefit those participating and ultimately persons with disabilities and their families.

Methodology

The approach adopted in this study was qualitative in nature in the bid to prioritise the voices and perceptions of participants. We used Outcome Mapping (OM) as a platform for debate and to explore a number of emerging issues in evaluation. It provided us with the opportunity to have a practical tool to act as a reflective probe for discussion and to question and challenge the approach itself. Below, we outline OM, its principles and process.

Outcome Mapping

The creators of OM (International Development Research Centre) claim to offer a promising

approach for evaluation that can help grassroots organisations to deal with the implications of a complex environment (Earl et al., 2001). As we contemplated OM as a basis for discussion, a set of key features emerged that appeared to make it possibly 'suitable' (at least at a discursive level) for use in CBR programmes.

First of all, OM states that it offers a conceptual framework for planning, monitoring and evaluation. OM has in fact been used in various types of programmes in the global South (see Sherif, 2010; Rassmann, 2016). Secondly, it differs from traditional evaluation approaches in that it does not focus on measuring deliverables or effects on primary beneficiaries. Instead, it provides a set of tools to design and gather information on the outcomes of a programme, defined in this case as 'behavioral changes'. Thirdly, the model is centered on the identification of 'boundary partners', defined as individuals or groups with whom or for whom the programme interacts with and aims to influence in the bid to help improve their economic, social, political or environmental well-being.

The process consists of three stages (see Figure 1 below).

The first stage aims to answer the following questions:

- What is the vision to which the program wants to contribute?
- Who are the program boundary partners? (i.e. anyone holding a stake in a particular situation and is influenced by or seeking to influence a change)
- What are the changes being brought about by the programme?
- How will the programme contribute to change?

The second stage, "Outcome and Performance Monitoring", provides a framework for monitoring program activities and the progress of the boundary partners towards achieving program outcomes.

During the third stage, evaluation stakeholders develop an evaluation plan and evaluation priorities are identified.

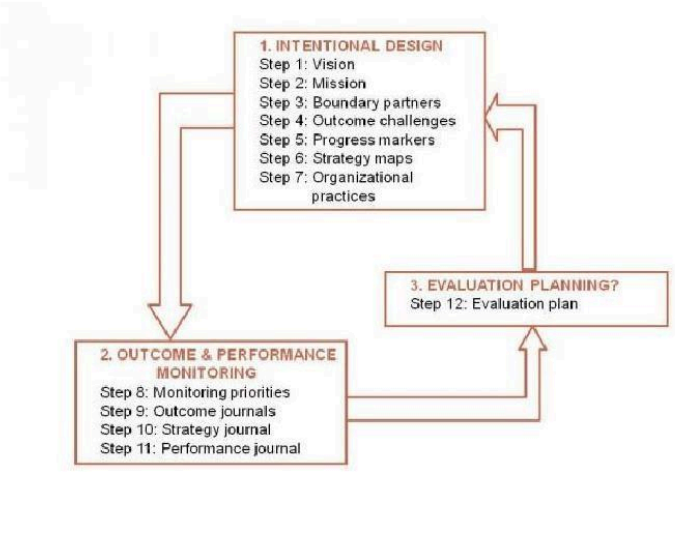


Figure 6.1: *The three stages of Outcome Mapping (IDRC 2001)*

OM was developed as a flexible, conceptual model for participatory monitoring, evaluation and planning. The components of OM can be used sequentially or selectively, depending on the needs of the users. Furthermore, the authors of OM explicitly encourage adaptations during implementation (Earl et al., 2001).

The empirical research for this paper involved the modification, implementation and evaluation of OM in an active CBR programme.

Method and Process

The main methods employed in the study were in depth interviews and focus groups. The fieldwork was conducted with the Clarendon Group for the Disabled (CGD) in May Pen, Jamaica. CGD operates a well-established, medium-sized CBR programme with seven full-time staff working in the provincial town of May Pen (35,000 inhabitants) and surrounding rural areas.

The study comprised three main components:

1. The implementation and adaptation of PE (OM) in one CBR programme
2. Interviews and focus groups on the evaluation of the usability of the adapted PE model in this programme
3. The development of a fluid framework that participants felt could guide PE in CBR.

PE was incorporated into the regular programme activities. The data collection was conducted in three stages that corresponded with the three study components as listed above:

Stage 1: PE workshop (adaptation of OM): The PE model (OM) was implemented in the CBR programme in Jamaica and adapted to local context and needs. Eleven participants (adults over 18 years of age), including programme staff, family members of people with disabilities and board members participated in a series of focus group style workshops. The workshops were facilitated by two external facilitators with a background in Critical Disability Studies (Grech) and participatory monitoring and evaluation (Schmid). The OM training manual (ICRD 2001) was used as a platform and fluid guideline for discussion. The evaluation participants and workshop facilitators worked collaboratively in implementing and adapting OM to the specific context of the CBR programme simultaneously.

Workshops involved active reflective and critical discussions around OM, the process, its perceived relevance, and suggestions on how to adapt the PE model to local context and priorities. Discussions and key points were mapped out on charts as impetus for further discussion and probing. Participant observation was also employed alongside reviews of relevant program data and information as secondary data. Workshops were recorded using a digital voice recorder and later transcribed.

Stage 2: Interviews and focus groups on the evaluation of the usability of the adapted PE model in this programme: Changes in the area of 'process use'[1] were explored over a period of six months in two waves. The first wave of data collection was conducted one month after the PE workshop and involved 3 focus groups and 19 in-depth interviews with participants (15 women and 4 men). A second wave of data collection, including 4 focus groups and 18 in-depth interviews (15 women and 3 men) was conducted six months post PE workshop.

Purposive sampling was used to recruit participants. Focus group participants and interviewees were the eleven individuals that had taken part in the PE workshop and included additional programme stakeholders who were not directly involved in the evaluation process. These included local medical doctors, CGD board members, a representative of the local Ministry of Health unit, a representative of the local Social Security Unit, and teachers of local schools. These were included to add depth to debates, generate additional information and triangulate.

Additional programme stakeholders that were included in the interviews and focus group sessions were identified and purposively selected by the lead researcher (Weber). A range of participants were sought to account for diversity along a set of criteria including age, gender, and socio-economic status. Key informants who were not directly involved in the evaluation process therefore changed between waves.

In-depth interviews were conducted in private rooms chosen by participants and lasted between 40 minutes and 1.5 hours.

Stage 3: Participatory workshop to develop a framework that can guide PE in CBR: A two-day participatory workshop was held with members of the group who had attended the PE workshop after nine months. The lead researcher facilitated this workshop. The workshop created a safe space for participants to reflect on their experiences from the PE workshop and the implementation of the adapted OM model. The aim was to develop a framework for PE in CBR based on their experiences of implementing the PE model. The workshop consisted of two parts:

1. First, the perceived usefulness of the tested model was reviewed and discussed. Participants reflected on and discussed the process of adapting OM and their personal experiences in implementing the model.
2. They then jointly developed recommendations for a PE framework they felt was suitable for CBR within their specific context.

Data Analysis

Thematic analysis was conducted manually (Braun and Clark, 2006) providing a flexible, inductive and continuous process of engaging with the narratives, seeking out patterns in the data and then organizing them into fluid categories or themes. Compensating the analysis were field notes and reflective diaries.

Ethical considerations

The study was approved by the Ethics Committee of the London School of Hygiene and Tropical Medicine and the Advisory Panel on Ethics & Medico-Legal Affairs at the Ministry of Health in Jamaica.

Informed consent was obtained from all participants. Information was clearly provided detailing the scope of the research, the process and participants' rights (including the right to withdraw at any time). Confidentiality and anonymity were ensured to all participants. Names have been changed in the direct quotes used below to protect participants' identity.

Findings

The following sections map out the key emerging findings from each stage of the study.

Implementation and adaptation of Outcome Mapping in one CBR programme

Three areas of local need for adaptation were identified and addressed during the workshop. The first area were *structural adaptations* which led to macro level changes such as the sequence of OM steps, omission or addition of steps and the implementation of additional feedback loops that helped to better link the single steps of the OM process. The second were *operational adaptations* at the micro level and which resulted in changes, modifications, and in some cases omission of tools proposed in single OM steps. The third adaption was in the *terminology* associated with OM, as this was considered challenging and was therefore changed by participants to improve comprehensibility in the local context.

The full OM process is intended to be introduced into a programme over a three-day workshop, following a three-stage process consisting of 12 steps (see Figure 2). Although there is flexibility in OM allowing for the omission of steps or their independent use, the evaluation participants in Jamaica felt that the term 'steps' was inappropriate, as it implies a sequential order.

Participants agreed instead to use the term 'module', suggesting a more flexible approach to the overall framework. Therefore, when using the term 'steps', this paper refers to the original OM manual, while the term 'modules' refers to the adapted framework suggested by participants. The section below describes the proceedings of the workshop in chronological order.

Module 1: History as Process: The OM manual proposes to first conduct a historical scan as an optional activity at the start of the workshop. During this exercise, group members were encouraged to write key events relevant to the organisation and their own professional development on a timeline. In the OM workshop, participants found this task difficult, in particular the notion of a sequential piecing together of events, insisting instead that it should be seen as a fluid process. One participant for example expressed how:

> The major events that happened, you cannot really process them as a piece of time. It is a process. It is a continuous process. (board member).

As a result, the group reworked the historical scan proposed as an optional 'warm-up exercise' in the OM manual (IDRC) into a module that was fundamental for all PE processes to follow and which encouraged participants to share their stories about the programme. Through this, it was possible to develop a narrative including information about developments, experiences, successes, learning processes, and most importantly challenges experienced as a CBR group or as individuals linked to the programme. The contributions of the group were written on a flexible timeline and presented as processes moving into and towards the future, and not as a single or clearly defined activity in time.

This adapted module provided a platform for generous sources of narrative information reflecting the rich, detailed and personal perspectives of the evaluation group members. The group regularly referred to these narratives over the course of the workshop to ensure that the objectives, strategies and evaluation statements were consistent with these narratives.

Modules 2 (Objectives) and 3 (Strategies): These modules correspond with steps 2 (vision) and 3 (mission) as proposed in OM. The group decided to replace the terms 'vision' and 'mission' as these were felt to be too abstract and technical and ultimately simply for the benefit of outsiders. One participant explained the reason for this change:

> …we do have a vision and a mission that are on our flyers, but I do not even know them. They are just not practical but just for outsiders to make a good impression. And it took us so long to formulate them nicely. I think this is useless. You should concentrate more on the objectives of the group to be realistic and remembered to all of us. (fieldworker).

The terms 'objectives' and 'strategies' were introduced instead also because the group felt more confident to not formulate managerial statements. Instead they wanted to reflect practically on and keep in sharp focus what the programme should achieve and what the strategies need be to do this.

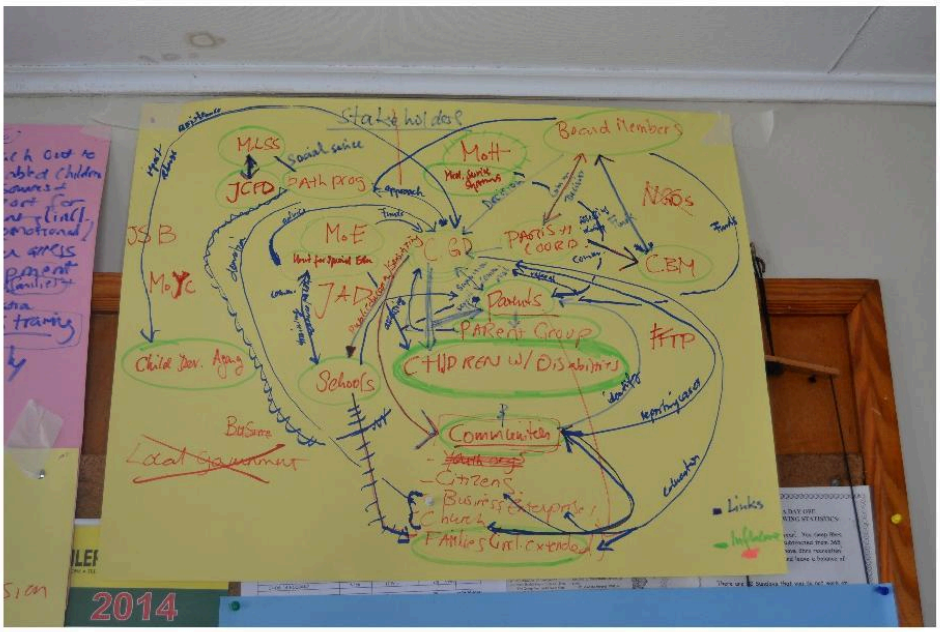
Module 4: Stakeholder Network: A key concept of OM is 'boundary partners', defined as 'individuals or a group for whom or with whom the programme is working to help improve their economic, social, political or environmental wellbeing' (IDRC 2001:42). The evaluation participants expressed their concern that CBR stakeholder groups beyond direct partners are not covered by the OM methodology. CBR, they explained, requires collaboration and negotiation with a variety of actors not directly involved in programme activities. Furthermore, many of these partnerships in CBR are fluid and changing, meaning that actors may be briefly involved and then drop out of partnerships (e.g. local policy makers or organisations). CBR work, they emphasised, is embedded in a constantly changing network of actors where alliances and collaborations change over time and where objectives are not necessarily shared by all actors throughout the life of a program. This situation is highlighted in the quote below:

> We are working with so many people and organisations. They come and go. Some are important today and leave the project tomorrow. We can not really plan and say we are doing our work with one group of stakeholders or partners, because we need to stay flexible since they change. It is more a network of people that change all the time. (board member).

The group went on to brainstorm possible characteristics and relationships among their stakeholder network. This resulted in the development of a loose framework with the following three questions, which participants felt, helped visualize the stakeholder network:

1. Who are the stakeholders?
2. How are these stakeholders linked? (money, services, accountability, information flows)
3. How much influence do these stakeholders have?

A pathway showing the internal and external stakeholders and their connectedness was drawn up by participants (see the stakeholder network map in picture 1 below).



Picture 6.2: *Stakeholder Network Map*

The stakeholder network was further expanded by using practical examples to follow the various pathways, and to explore which parts of the network would work together in different scenarios. There appeared to be strong agreement that the stakeholder network map provided important information helping with understanding, discussing, visualizing and improving situations in which multiple stakeholders influence outcomes. This stakeholder network was used in feedback as a reference point in later modules identifying sub-networks of actors who are, or should be involved in fulfilling a specific objective.

The introduction of the stakeholder network in place of the concept of boundary partners led to a departure from OM design for the rest of the planned design phase.

Module 5: Objectives (Sub-networks): In this module, the programme objectives developed in Module 3 were linked to the stakeholder network (Module 4) by identifying sub-networks of

actors that worked towards achieving each of the objectives (Module 2). The links between actors involved in working towards a specific objective not only provided ideas on additional stakeholders that could be approached for collaboration, but also showed that some objectives will interlink when the same stakeholders are involved. For example, one participant explained how the objective 'To assist the Ministry of Health (MoH) to organize clinics for children with disabilities' could be linked with the objective 'To enhance access to assistive devices'. Since the main actors in both objectives are the same (CGD and the MoH) the group decided to fuse the objectives and to link clinic visits with the prescription of assistive devices. One participant clearly articulated this process as one of increasing efficiency, connectedness and confirmation of how realistic and achievable objectives are:

> Identifying stakeholders for each objectives has actually a wider use. It links back to the problems we identified in the time line…by discussing the capacities of each actor we are actually reassured about the do-ability of the objectives and can make more efficient use of the stakeholders. (coordinator).

Module 6: Objectives (Problems): This module led to reflection on the initial timeline and on how challenges to the programme relate to its objectives. It also examined how the original section in OM addressing challenges needed to be amended. The OM manual does not thoroughly introduce evaluation methodologies, for example how to collect or analyze data. Workshop participants noted that they had heard about quantitative and qualitative methods for collecting data, but they expressed insecurity in applying these, not least on account of lack of training or experience in (formal) research. One fieldworker explained this:

> I know how to ask people about things and to get a response, but I have really no clue how to write this down and make sense of it.

To fill this gap, additional modules (Modules 7, 8, 9 and 10, see Figure 3) were fused within the evaluation process.

Module 7: Evaluation Statements: This module appeared to act as a bridge between the stakeholder network and evaluation planning by supporting participants in formulating evaluation statements. Participants agreed that evaluation statements were easier to formulate than evaluation questions:

> It is easier to say what you need to know than to formulate another question for this. I think it is just simpler to make a simple statement and say we want to know more about the attitudes of doctors towards children with disabilities (field worker).

These statements were generated by linking the challenges presented during Module 1 to the objectives and the objective-specific stakeholder networks.

Module 8: Data collection methods linked to evaluation statements: Suitable methods to answer the statements formulated in Module 7 were identified. The discussions in the development of this module showed that logical introduction of methodologies and consent were needed in order for participants to own the process of data collection. Programme staff insisted on remaining flexible in the choice of methods and the timelines to be followed for data collection. Their main arguments were that the need to adapt to upcoming tasks, insecurity of funding, and security concerns in their communities, would require them to remain flexible at all times, including during data collection. The following quote illustrates this:

> A process can be changed according to need. Life is flexible. Flexibility is key. It does not have to be definite. Maybe it is not working (field worker).

Module 9: Methods/Tools-Training: Data collection tools were introduced to the workshop participants. They were trained in small groups by the facilitators on how to conduct simple interviews and focus groups. It was clear throughout the process that participants wanted to 'keep the evaluation practical and do-able' (field worker) and to match the evaluation needs and issues with existing monitoring methods. This meant differing from OM steps 9 to 11, while introducing three monitoring instruments, namely: an outcome journal that documents the progress of external partners towards the achievements of outcomes; a strategy journal that monitors what mix of strategies the programme is employing; and a performance journal that collects information on how the programme is functioning as an organization. The workshop participants, though, found the idea of including these monitoring journals into their programme activities cumbersome and time consuming, and therefore decided not to use them in their evaluation.

Evaluation participants subsequently replaced the OM monitoring journals with a procedure that guided through a process of adapting the existing and familiar monitoring system they used in order to accommodate the evaluation information needs. This included a home visit monitoring form, a form documenting the supervisory visits, and a monitoring form for children in school inclusion to be filled in by their teacher. The implementation of this process was followed through in four steps:

1. Participants reviewed the existing monitoring system and discussed where the evaluation statements generated during the preceding OM process could be integrated
2. The evaluation statements were then linked to existing monitoring forms
3. Existing monitoring items were rephrased or amended to align the statements with the forms
4. Evaluation statements and information that could not be integrated in the existing forms were discussed and new sub-sections were added to existing forms to account for these

Additionally, participants reviewed the frequency of the forms being used, and adapted them to new information needs. Information needs were generated throughout the process for four out of the six evaluation statements. These included: access to assistive devices; attitudes of medical doctors; socio-economic situation of families; and access to mainstream schools. These, they felt, could be incorporated into the existing monitoring system simply by rephrasing or amending existing items. For example, an additional question was added in the home visit form to monitor the quality of service for assistive products. One participant noted how:

> We have evaluated all the way. What we are doing now is actually to include the information that we felt needs to be generated into the material we are already using (field worker).

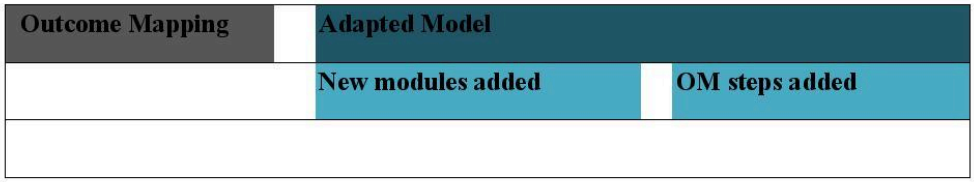
Module 10: Evaluation Timeline: After having agreed on the data collection methods and having infused information needs into the existing systems, a timeline was assigned to the evaluation statements. Participants agreed on the timing of each task and who would be responsible for each. Since the evaluation had developed into an ongoing process using existing information systems, it was decided to leave the timelines as flexible as possible, and to review and adapt them to actual needs at regular intervals.

Module 11: Use of Evaluation Information: This was added to the OM process to facilitate discussion about the use of the evaluation results. This module served to encourage participants to freely express their thoughts on the potential use of evaluation results. During the implementation workshop, participants came up with diverse ideas about what these potential uses could be. These included personal purposes ('for self-development and future possibilities outside CGD' [field worker]) as well as organizational ones ('sensitizing and informing better the board of the group' [parent]). During their group discussion, they emphasized the importance of discussing the use of the evaluation, in particular what it would it would yield or lead to in practice:

> Without knowing clearly how all this will benefit us personally or the whole group, it would not really make sense to stay all week in a workshop (field worker).

After Module 11, the evaluation group reviewed the timeline for implementation and assigned responsibilities for follow up.

Figure 6.3: *Relationship between the OM and adapted model*



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	Module 1: History as process	
Step 1: Vision		Module 2: Objectives
Step 2: Mission		Module 3: Strategies
Step 3: Boundary Partner		
Step 4: Outcomes Challenges	Module 4: Stakeholder Network	
Step 5: Progress Markers	Module 5: Objectives - Sub-networks	
Step 6: Strategy Maps	Module 6: Objectives - Problems	
Step 7: Organizational Practices		
Step 8: Monitoring Priorities		
Step 9: Outcome Journals		
Step 10: Strategy Journals		
Step 11: Performance Journal		
Step 12: Evaluation Plan	Module 7: Evaluation statements	
	Module 8: Evaluation statements – methodology	
	Module 9: Methods / Tools	
	Module 10: Evaluation timeline	
	Module 11: Use of evaluation	

information

The figure above illustrates how only two of the original steps of OM (steps 1 and 2) were taken up in the adapted model and used for implementation by the group. Module 1 (historical timeline) was developed on the basis of an optional activity suggested in the OM manual, and Step 12 (evaluation planning) needed to be expanded into three new modules. Four out of the 11 modules of the adapted model had to be designed from scratch and were not connected to the original OM design. This means that the new adapted model is substantially different from the original OM.

Evaluation of the usability of the adapted PE model

The findings below present the key findings highlighting process use at an individual, group and organizational level.

Process use at individual level

Enhanced knowledge about evaluation

When explored before the workshop, participants linked the concept of evaluation to notions such as 'assessing something and knowing how well it is working' (fieldworker) or 'getting results about the programme and showing the advantages and disadvantages of what is being done' (parent). Most participants associated evaluation with judgement, and assumed that it could affect them in a negative way. It was clear that participants frequently viewed evaluation as something emerging from the outside, and that was about investigating the performance of staff. This appeared to create discomfort and unease and a sense of vigilance. There was, though, also a remote feeling that evaluation could theoretically be used in a supportive way to 'support self-esteem when you get proof that something is working' (field worker).

The group's staff in particular, linked evaluation to data being generated through a rather cumbersome organisational process, straining resources, and ultimately with little practical use or explanatory power for emerging issues or problems. The following quote is illustrative:

> In evaluations you have probably a lot of numbers coming out. I do not think these could really cover the core elements of why something does not work. (field worker)

The knowledge and perspectives about evaluation, though, appeared to change significantly

amongst the group attending the workshop. By the end of the workshop, many articulated various perceived benefits including: a platform to articulate knowledge and understand the context of problems; and a strategy to solve problems. One participant succinctly captures this:

> It was all there. Evaluation is actually simply, a platform to talk and articulate your knowledge and then take it from there and get something done better (field worker).

The group framed three questions which, in their view, should guide an evaluation which needs to link the present situation with the past as well as future aspirations:

a. Where am I coming from?
b. Where am I going?
c. Where do I want to be?

Voice and space for narratives were frequently mentioned by the workshop participants as major prerequisites for conducting a successful evaluation. Narratives were not only considered a powerful tool in the sharing and transfer of knowledge, but participants also reported how telling their stories made them feel valued, accepted and appreciated. One parent expressed this clearly:

> I was able to tell exactly what is happening and having some know how about disability. My contribution was accepted by the others. And they told me that my stories were very interesting.

Deeper knowledge about the programme

Prior to the workshop, knowledge about the programme and its activities was much more pronounced among staff than among parents, teachers and board members. The latter stated that they knew little about the variety of programme activities, especially those they were not directly involved in. They mentioned lack of time and opportunities for involvement as major barriers, and expressed regret about not having more chances to be involved in programme work. However, programme staff were not blamed for this situation, with participants praising their commitment and wishing to be more pro-active themselves in order to support activities. One board member explained this:

> I would love to be more involved and to know more about what the group is doing and how they support children in the parish, but you know, we all have a job and just not enough time to get more involved.

Non-staff participants in the evaluation expressed that the process changed their outlook on operations. Parents reported greater awareness, especially in regards to the variety of stakeholders involved. One board member expressed surprise about how much parents knew about disability issues and how well they communicated their challenges. The workshop provided a platform to get to know each other and to better understand each other's viewpoints.

Programme staff unanimously agreed that the development of the stakeholder network provided them with new insights into the working mechanisms of the group and made them more open to involving a different set of people and organisations in their activities in the future:

> I never realized that I have worked with all those persons and that I could have contacted them. Having had the stakeholder network exercise we know that we should contact other people further up. I realize that we have partly approached the wrong people. We sometimes should rethink and work with other people if we do not reach our goals. (field worker).

Although there was a clear increase of knowledge of evaluation issues and about the programme among workshop participants, outside this group there was no evidence of an impact of PE on the thinking and learning behaviour of wider stakeholders with regards to the programme.

Use of more efficient strategies responding to complex challenges

The complexity of the programme's operations was clearly recognised by evaluation participants. They expressed how they had changed their outlook on programme activities and had become more conscious of the steadily changing environment and the actors involved in their programme. Additionally, field workers indicated that they had learned to look at programme activities from different angles and to consider and evaluate different strategies possible to reach specific goals. In a focus group, the example of a child being included into mainstream schooling was brought up. Participants worked through a case study to demonstrate that in preparing a child for school, involvement of the parents and the school are often not enough. Many other factors, such as inaccessibility of roads, transport barriers, attitudes of classmates and over-protectiveness of parents pose additional obstacles. These factors need to be considered from the beginning in order to allow for flexibility when dealing with challenges, or as one field worker put it 'to be on alarm all the time and use your fantasy to come up with always new solutions if needed'.

Another way to adapt to real life and the challenges posed, was to take a more iterative

approach to assessment and intervention. Field workers and parents explained how after the workshop they realized the need to implement shorter but regular cycles of assessment of children with disabilities, discussions on strategies and ways to implement these:

> I learned that sometimes the goals you have with a child, it is too complex at the moment so you have to break it up in smaller steps. It will be a better way to assess the children and better structure the programme for each child (field worker).

Additionally, some fieldworkers suggested that breaking up a rehabilitation plan into smaller steps might provide more room for experimentation and to find a more efficient strategy, for example, how to best teach a child to use their wheelchair:

> If one strategy does not work we can just try something else and if this does not work we can change quickly. I mean, main thing is that we improve the situation at the end (field worker).

Adaptive implementation of individual rehabilitation plans was not new to the group, but before the evaluation process it was regarded as a solution only because one lacked specialist knowledge or training. Field workers and parents realized during the workshop discussions, from the experiences of others, that experimenting can be more than an emergency solution. Instead it can be an effective strategy to move forward and reach goals in an environment that is itself constantly changing.

Process use at group level

Enhancement of a culture of critical reflection and discussion

The group articulated how the evaluation workshop offered a safe space for participants to question, challenge and criticise. While they stated that a culture of meeting, telling stories and sharing concerns was already present at CGD, after the workshop evaluation parents and staff expressed that internal discussions were now perceived to be more organised, reflective, meaningful and perhaps holistic activities:

> It was actually all there already. The problems as well as the solutions. We just had to hear it from more angles and link them and we never really did it on purpose before, it was all just feeling (parent).

Challenges and problems were no longer viewed as something that only had to be overcome, but that could indeed serve as a basis for discussion to exchange views and to guide further

actions towards a solution. Objectives and strategies that were developed during the evaluation process were regularly checked back against the list of problems and challenges that were developed during the 'historic scan' exercise (module 1). Discussions focused on questions that needed to be resolved urgently, such as: 'how can I get medication for epilepsy patients?' (fieldworker) or 'how can we get more wheelchairs?' (parent), rather than on distant goals or indicators. The basis for these questions were often observations, such as a field worker observing that children in his/her area could not access epilepsy medication. These issues were then discussed further within the group. Examining these problems collectively and in-depth, rather than using an indicator checklist, stimulated the thought processes needed to find flexible solutions together. Discussions took part during formal meetings, such as parent meetings and staff meetings, but increasingly evolved around smaller groups of people that met informally.

Process use at organizational level

Nurturing a more learning centred organisation

Parto (2005) contends that institutional change requires a wide range of shifts, including cognitive, regulative and behavioural ones. Such changes are the result of complex processes over the long term. The time frame of this study limited the ability to provide conclusive evidence on long-term organizational commitment to learning. However, the evidence generated in workshops, alongside short term follow-up, suggest that CGD has taken serious first steps towards becoming a more learning-centred organisation.

When asked before the evaluation, most respondents described learning as a formal exercise involving formal training, with only a few mentioning peer-to-peer learning. During later stages of the implementation, though, participants increasingly pointed out that 'learning is actually an on-going process. We all actually learn constantly without being aware of it.' (parent).

At the organizational level, this shift in perspective can be best observed by looking at principles related to monitoring, to see if they had become more prominent as a result of the evaluation workshop. Although many of the monitoring processes in place were informal, programme staff more consciously started to link these processes with concrete actions and outcomes. Monitoring had become a part of the daily work routine and had developed into a communication process as opposed to written output used for accountability purposes. Observations, news and challenges in the field were shared with others, thereby engaging in a process that Kurtz and Snowden (2003: 453) call 'co-creating knowledge by engaging in critical discussion towards possible solutions'.

These monitoring processes enabled the actors to better understand the processes they engage in, to map out who does what in the web of stakeholders and who needs to know what in order to achieve a certain task. One field worker explained this in the context of evaluation practice:

> I actually realised that in practical terms we all evaluate all the time. We see something, we talk about it with others and they talk to me about their experiences. By talking we find solutions that we can immediately bring back to the communities. (field worker).

The communication network that fed the monitoring process, it was evident, needs to be developed through frequent personal interaction. Attention to gaps and the need to exchange information and express and share doubts or ideas, were the vehicles that linked CBR staff with a constantly changing set of actors inside and outside the programme.

Development of a proposed framework for participatory evaluation in CBR (mind map)

Participants decided to develop a mind map rather than a framework. They felt the term 'framework' was too technical and did not adequately reflect the flexibility and fluidity of evaluative thinking. Additionally, it was felt that evaluative thinking and acting is better reflected in the way a person thinks and how he/she changes his/her way of thinking in response to emerging factors and processes, rather than in a framework that offers tools and structured steps. The group decided to use a house as a visual representation of this mind map (see Figure 4) combined with a set of ten flexible guiding questions (GQ) that can help the user 'move' through the floors and rooms of the house mind map.

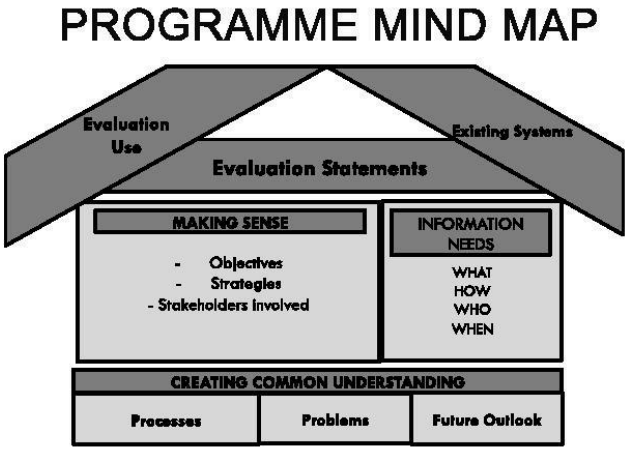

Figure 6.4: *Programme mind map*

The house consists of four main components. These components reflect the modules adapted or created in the initial PE workshop. However, the group decided not to present them in a modular way, but to create a more open and hybrid model that invites the reader to enter any room without following a sequence of steps.

The **basement** represents the baseline, an open space where any stakeholder can contribute and tell personal stories that reflect on the development and achievements of the programme, challenges and problems encountered, as well as ideas and dreams for the future. The guiding question for this element is:

- What are/were the major developments, biggest problems and key events in this programme?

The **first floor** consists of two rooms, what participants called the 'Making Sense Room' and the 'Information Needs Room'. The Making Sense Room asks three guiding questions:

- What do you think this programme should achieve?
- What is your strategy to achieve this?
- Who is involved in implementing your strategies? How are they linked?

These questions help to develop and make sense of the objectives and strategies of the programme and to recognize the nature and value of actors and partnerships. To make sense of this, a foundation or common understanding is needed, which can be provided by the reflection developed in the ground floor of the house.

The second room of the first floor, the Information Needs Room, provides guidance on the questions to ask when information needs arise.

- On what issues do you need more knowledge?
- How can we get information on these issues?
- Who is getting this information?
- When do we collect this information?

These questions value and seek diverse types of information. They help to: identify and formulate information needs, including evaluation statements; provide an indication as to which topics need to be considered in order for information needs to be answered; choose an appropriate method to address information needs and the persons to do this; and decide on the best timeline to meet these informational needs.

Moving further up the building, the triangle that represents the **roof** of the house, fuses information needs into existing systems, in a way similar to a monitoring form. This component also aims to check if and how results are to be used.

The guiding questions developed for the roof are:

- Can we use existing information systems to answer the evaluation statements?
- What do we use this information for?

Participants emphasized how the floors and rooms of the house can be entered separately without necessarily having to pass through the whole building, highlighting the need for flexibility. Rooms or floors can be entered directly, for example to review whether it would be useful to include monitoring requests such as those coming from donors into the regular monitoring system (roof). Participants also clarified how they felt the mind map can be used at different levels (individual, group or organisational) as a plan for making sense of developments or challenges as well as collecting and sharing information for learning and action:

> All what we have done [during the workshop and the implementation], it was all in my head before. All that was needed were the right questions… I think not only we as a group use this way of thinking, but I see that we as field workers use it and I use it to find out stuff or to make some sense of things. (field worker).

The group also pointed out that elements of the mind map can be used to specify monitoring or information needs either formally, or informally (see above). It was emphasized that the house mind map presented needs to be considered, based on real life implementation and feedback. The group recommended introducing the house to other CBR programmes as a

potential resource to aid evaluative thinking.

Discussion

This study has examined the usability of a participatory evaluation model within real world conditions. This included working with the involved stakeholders and within the context of the CBR programme. The process, the constant adaptation and the renegotiated model are clear in highlighting the need for flexibility and adaptability throughout the process of evaluation, alongside a willingness to change. The findings suggest the need to critically question the appropriateness as well as usefulness of evaluation proposals in mainstream CBR literature (see for example WHO, 2015; Madden et al., 2014; Wirtz, 2002) that introduce extensive lists of indicators and monitoring items for CBR programmes as a solution to the calls for evidence based practices in the field. Conceptualising, implementing, as well as evaluating CBR, remain in reality complex, fluid and uncertain tasks (Grech, 2015), making long term planning difficult if not impossible without openness and flexibility. This study highlights how rather than introducing a generic list of indicators or evaluation tools put in place by outsiders, what CBR initiatives may actually need, are adaptive, locally driven and designed information systems that can help local staff deal with matters of everyday concern and that they (not outsiders) consider critical within their own practice.

It became clear over the months that followed the PE workshop that the group in Jamaica rejected control-oriented monitoring and planning approaches in favour of more experimental and adaptive problem and process-oriented approaches. Emphasis was laid on monitoring emergent progresses and to adapt the actions to the changing context. Overall, these results support those from other studies in other areas of international development where it has become increasingly recognized that complex programmes require flexible and iterative approaches to monitoring and evaluation that are embedded into a cyclical process of reflection on experience, communicating and discussing, assessing and taking action (see Bamberger 2016, Gujit 2008). A study on the quality of DFID's evaluation reports by the International Committee on Development Impact (IACDI) advises experimentation in order to develop approaches for evaluation that are more suitable for complex development strategies and that respond to the specific local context they are used in (Stern, 2012). This reflects discourse among a growing movement calling to embrace problem-driven adaptations of existing PE models (see Van Ongevalle, 2010; Stern, 2012; Bamberger, 2016). Adaptation in participatory evaluation is described as an iterative experimental reflection on the evaluation process on participants themselves, leading to the adjustment of any 'model' to local context and cultural surroundings (Patton, 2008). In line with this, and following on from our findings, it is safe to suggest that there is no one size fits all process for evaluating CBR. Each programme requires an evaluation process and approach tailored specifically to context and the people using it and that is consistently responsive to change. It is also

imperative that future discussions and research on PE in CBR need to be part of and learn from ongoing initiatives in international development on account of overlapping areas and concerns and not be developed in isolation.

The findings in this paper additionally suggest that it is critical to invest in real time analysis and offer space for implementation to be flexible and responsive to emerging lessons, hence encouraging all stakeholders to engage in and own the process. This stands in sharp contrast to the generation of large amounts of data in stringent, standardised and pre-determined evaluations that treat participants as almost mechanical respondents. The 'mind map' provides a framework to stimulate reflection and critical discussion and to organise these. It is more of a compass that has the potential to assist CBR stakeholders in finding their way through complex programme realities and to discover their own path as they go along, rather than a rigid organizational evaluation tool. Pritchett et al (2013) call these feedback loops and discussions towards planning and action 'structured experiential learning'.

Evidence from this study highlights a need to adopt social network approaches in more engaged ways in the field of PE in general and in CBR contexts specifically. CBR works in and through a complex web of interactions between different actors, and negotiates a range of relationships and forces. Developing a social network map potentially helps to clarify each actor's responsibilities towards the programme's strategies and map the relationships between actors. Moreover, recognizing networks, and not only single actors as partners, facilitates more purposeful engagement with the 'right' partners for each strategy.

The results also offer a useful window in highlighting how CBR practitioners might more likely act in adaptive and proactive ways to facilitate responsive interventions when autonomous learning is encouraged and stimulated. A safe atmosphere of trust and ownership is critical in this process, one prioritising the narratives, perspectives and knowledge of those engaged on the ground and that supports independent and flexible decision-making. O'Neil (2002) proposes to nurture a 'trust-based intelligent accountability' that is rooted in organisations' own cultural reality and perceptions rather than imported managerial models. The constant variation, adaptation and 'trial and error' approach to problem solving evidenced in this study is a clear testimony of this. This is supported by increasing literature suggesting that this approach is likely to be more effective in the long term when working in complex environments (Ramalingam, 2008).

Participants in this study individually adopted the mind map and used it as their personal compass to learn from results within their personal sphere of influence, and to adapt their strategies accordingly. An enhanced learning culture and managerial openness and encouragement to think critically were therefore key. The programme developed increasingly into a model where a group of individual actors, predominantly staff, on one hand developed increased capacities of self-organisation, but on the other hand organized to work collectively

towards a common goal. CBR as a bottom up approach could potentially benefit from this type of dynamic, which seems to be often untapped at a programme level. More research on this is required.

Overall, this study is limited to the implementation and adaptation of OM in one CBR programme in Jamaica, and may well not yield similar results or have much currency in other socio-cultural settings. But generalisability or systematisation were not our objectives in this study. Instead, learning was our core concern, and the process of developing the 'programme mind map' was beyond valuable for us. There is, though, much more space for learning and critical engagement, and we hope that others will take on the task of questioning, implementing, adapting and documenting the usability of PE models (including their own) in other CBR settings. Even more importantly, we hope to see this done in culturally and contextually responsive and sensitive ways motivated by the agendas and priorities of local stakeholders and not those of privileged outsiders. The programme mind map is clear in suggesting that rather than focusing on processes of technocratic top-down knowledge transfer as facilitated in many PE manuals and courses, what is needed is a flexible approach emerging from the ground, that may enhance a programme's adaptive capacity and evaluative thinking, that is oriented towards discussion and action rather than simply collecting information, without knowing if and what this information will translate into in practice. In the face of complex realities, effective CBR work is linked to the ability of its practitioners and stakeholders to proactively and quickly interpret information and to translate it into action rather than to accumulate stores of 'accurate' numerical information that will ultimately be shelved. Very often, exploration, wherever this may lead, seems to be a more practical and perhaps effective way of describing what a programme is doing on the ground or what can be done, rather than measurement as requested by most donors.

This study is clear in supporting calls by others (see Grech, 2015) encouraging critical reflection and self-reflection in CBR discourse and practice. We need to move away from the obsession with standardised tools and long lists of PE tools and approaches as has become the fashion, to move instead towards the creation and support of spaces for genuine reflection and learning in a CBR world that is itself built on change, adaptation, and ultimately reflective practice.

Notes

1. Process use occurs during the evaluation process as an immediate impact of the evaluation. In this study, process use is defined as 'learning at the individual, interpersonal and collective/organizational level for any stakeholder involved in the evaluation that takes place during the evaluation, planned or unplanned, intentional or unintentional, that is not directly related to the evaluation findings' (Cousins, 2007: 22).

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SECTION C

Chapter 7
Conclusions

Preamble (Chapter 7)

This chapter presents a discussion of the overall research study. It includes a synthesis of the main research findings from each phase of the doctoral research study together with a reflective response to each of the three research questions of this thesis. Strengths and limitations of the research study and implications of the findings for CBR implementers, funding agencies and academics are presented in the second part of this chapter.

7. Conclusions: Towards reflective practice in CBR

This thesis has mapped out the systematic selection and then the implementation and adaptation of a participatory evaluation (PE) model for CBR programmes. This involved working with local CBR stakeholders within the socio-cultural context of one CBR programme.

This conclusion chapter synthesises the findings of my thesis with reference to the original research questions and formulates implications for those involved in CBR whether policy, planning, implementation or evaluation.

7.1. Restating the case

In this thesis I set out to answer three research questions in order to explore the feasibility of applying PE models used in other sectors of International Development to CBR. Moreover I sort to critically discuss the implications of field-testing one PE model in a CBR programme with an emphasis on prioritising the voices and perceptions of those involved in the evaluation.

7.1.1. Research question 1. What is the current evaluation practice in CBR?

A review of the literature on evaluation in CBR (chapter 1) highlighted the lack of published information on knowledge–based outcomes of CBR, based on evaluation findings. Of the few papers identified, most focus on quantitative indicators and there is a lack of guidance and common agreement on how to implement evaluations in general and participatory evaluations specifically.

There is not only scarce documentation available on evaluation methods, findings and outcomes in the literature, but the available papers give little insight into evaluation capacity, needs and current practice in CBR. To address this gap an online survey of CBR programs globally was conducted as part of the thesis.

The results of this survey (chapter 4) highlight the complexity and heterogeneous nature of CBR programmes, which create significant barriers for evaluation of programmes. Survey respondents from the field reported that, in addition to financial constraints and lack of time, the multifaceted nature of CBR work, a constantly changing environment and uncertainty in planning and implementation, were major obstacles for undertaking evaluation in their programmes. This view is reflected in current mainstream international development evaluation literature where issues of complexity are well recognized as challenges in evaluation (1, 2, 3). Ramalingam et al point at the tensions between the complexity of a programme environment and the demands for neatly demonstrated results (4). They explain how in a complex environment, it may not be possible to develop specific measures in advance, making pre- and post comparisons difficult. Therefore, they argue, that the complexity driven development agenda implies a different way of thinking about accountability and evaluation (4). In general, there is growing agreement that complex development programmes require fluid, iterative and participatory approaches together with tools that can capture changes in complex and uncertain environments (3, 4, 5).

These recommendations however, are neither reflected in CBR literature nor in current CBR evaluation practice. While there has been growing recognition in developmental evaluation since the mid 1990s of the need for participatory, adaptive approaches and hybrid evaluation designs to better monitor and evaluate emergent processes in changing contexts, theory building in CBR evaluation has so far focused almost exclusively on the creation of CBR specific lists of indicators and monitoring items to understand the effects of action and CBR implementation (6-13). Although the CBR guidelines and other International Development frameworks call for participatory approaches to evaluation and PE has been implemented in International Development since the 1970s there is little information on how PE models can be practically implemented in CBR settings.

The survey results (chapter 4) suggested that while monitoring and evaluation are familiar and widely practiced by CBR programmes, the approaches used are often not participatory. This echoes the scarcity of evidence in the published literature of examples of PE approaches being implemented.

A limitation of the survey, however, was that we did not collect data about specific evaluation models and approaches being employed in CBR programmes, such as OM, log frame, realist evaluation. Therefore it is not clear to what extend these are being used.

It should be acknowledged that the low response rate in the online survey could have potentially influenced the final choice of the PE model. For example greater participation from smaller programmes or programmes which had previously not undergone evaluations may have resulted in different barriers to evaluation being identified or different stakeholder involvement in evaluations. This may, in turn, have influenced the choices of criteria used by the main researcher (see chapter 5) for selecting the PE model for field-testing. However, the survey was only one in a number of different processes taken to select the field-testing PE model and the author was mindful of its low response rate in its interpretation. The Delphi process (chapter 4) was conducted independently and therefore the impact of the survey was likely to have been limited.

Results of the online survey showed that international donors are the most common evaluation audience. This suggests a dominance of donor request and top-down accountability mechanisms rather than locally owned drivers of CBR evaluations. These findings support those from the recent WHO PULSE survey (14), which showed large dependency on donor funding in the area of CBR. More than two thirds of the respondents in CBR programmes reported that international NGOs and other out of country funding resources their work (14).

Notwithstanding what this could potentially mean to the future sustainability of CBR work in general, there is a need to investigate whether there is a connection between the heavy donor dependency of CBR on one side and the apparent emphasis of evaluation approaches which promote top-down accountability, based on measurement of pre-determined indicators. It should be questioned how useful such approaches actually are for CBR programmes and their participants. Additionally further discussion and research is needed on the extent to which different approaches developed in mainstream evaluation can be effectively implemented in CBR programmes. A plethora of approaches such as decision-management approaches, theory driven approaches or pluralist intuitionist approaches are discussed in evaluation theory (see Chapter 1), but there is little evidence of these being tested for use in CBR settings.

The use of a more bottom-up evaluation practice in CBR clearly demands more investigation into PE approaches. Many different models of participatory programme evaluation exist within the area of International Development that could be adapted to CBR. This approach of adapting and experimenting is advocated within international development. In order to select a model for field-testing it was first important to reflect on what an appropriate model for CBR should look like.

7.1.2. Research question 2. What models of PE used in international development can be adapted for use in PE of CBR programmes?

Chapter 4 and 5 describe how through a systematic search, including a search of published literature, a web-based search and an organization search, PE models were identified that showed potential to be applied in CBR.

Since there was a lack of guidance on what a suitable PE model for CBR should include, a set of criteria was developed. These criteria were applied

in a systematic search (chapter 5) to review PE models used in International Development that could be applied in CBR and then to select one for field-testing. The aim of this thesis is to use the most adequate practical PE model to act as a reflective probe for discussion and critical reflection on PE in CBR rather than develop a new theoretical CBR evaluation framework. Therefore, the selection criteria for the PE model were set in a way that only models which demonstrated potential for instant practical use in programmes, such as by providing a trainer's manual, were included.

The research showed that the majority of the 28 PE models identified could not be considered appropriate for instant application in CBR as they lack a facilitator manual or guidelines and are limited in terms of their accessibility for non-evaluation professionals and programme stakeholders with limited literacy. Although these PE models were not considered for field-testing in this study it does not mean that they are not appropriate for use in CBR if documented appropriately and made accessible. It is recommended that the authors or organizations that have developed these PE models consider writing accessible manuals or review their tools for accessibility in order to support a wider dissemination of these models in programmes and initiatives in the global south. As PE is an evolving field and is increasingly applied and adapted to different contexts around the world, the field of CBR should embrace and learn how to adapt, innovate and experiment with evolving models in PE.

The final selection of one PE model for field-testing was made during a consensus workshop and guided by a list of criteria that had been developed through a consensus approach (Delphi process) with CBR and evaluation experts. To develop criteria "for good PE in CBR", I chose to first use a Delphi Process, where an expert panel from a wide range of geographical areas reached consensus on criteria for good PE in CBR and then subsequently a different set of CBR and evaluation experts to review these criteria during a consensus workshop and agree on a final set of criteria

(chapter 4). Different groups of experts in the Delphi process and the consensus workshop were selected to avoid duplication and to foster critical thinking and thorough reflection in the workshops on the criteria developed through the Delphi process.
In line with the aim and research questions of this thesis, the criteria generated through the Delphi process specifically address PE in CBR rather than other evaluation types.

Experts were consulted rather than relying on existing literature because no papers could be identified that specifically discuss what constitutes "good PE" in other areas in international development including CBR. Additionally, I did not feel it was justified to simply take on a PE approach that has worked in another field and to implement it in the different context of CBR. Instead, for this research I considered it of being important, especially in the context of the complexity of the concept of CBR, to use a novel and systematic approach to developing criteria for "good PE in CBR" based on and responding to the variety of CBR approaches practiced in the field. Considering the time and financial restrictions of conducting a PhD study, it was felt that this could be best done by engaging a selected group of experts with valued and strong first hand CBR experience on the ground to share their ideas and their diverse perspectives.

A strength of this study was that it used a systematic process involving external experts to select the tool for field testing rather than relying on the PhD candidate only. There were some limitations to this approach however. There is no set of criteria or formal qualification to define a CBR or an evaluation expert and this was based on the experience and judgement of the researcher alone. The term 'expert' used in chapter 4 to describe the study participants describes professionals that have acquired knowledge and skills through extensive CBR or participatory evaluation practice in the field. All experts had a minimum of 10 years practical experience in their field and included people with disabilities, academics, field managers as well as employees from national and international development agencies from

all over the world. It also needs to be acknowledged that the experts who attended the workshop had influence over choosing the model and it is possible that involving other experts may have led to another model being selected. However, the aim of this approach was not to identify a model to recommend for widespread adoption within CBR but rather to select a suitable model to field test and to document and reflect on the learning from this. Therefore the process is considered to have been appropriate.

Two PE models were identified that fulfilled all criteria for instant implementation and are widely used in international development: Outcome Mapping (OM) and Most Significant Change (MSC). During the workshop OM was chosen as the most appropriate PE model for field-testing in a CBR programme for this study. This choice was not determined by the perception of its unfailing capacity to evaluate; rather it was viewed as a practical evaluation model to act as a reflective probe for discussion, and to question and challenge the PE approach itself.

While this doctoral thesis was being completed, new PE models as well as recommendations for good PE in the field of CBR have also been published and promoted.

Grandisson developed guidelines to foster CBR programme evaluation based on best practices identified by a literature review, a field study and a Delphi process (15).

Also a project team across several countries, including countries in the global south, developed the Participatory Impact Evaluation (PIE) model and evaluation tools that draw on several PE models used in international development, such as Outcome Mapping, PADEV and Most Significant Change (16).

Practitioners as well as academics are strongly encouraged to look at these models and recommendations, field test, critically review and provide feedback to the CBR community for shared learning. The same

request applies to the many local models of PE that go unrecognized, as they are often not labeled as PE but can be regarded as common-sense practice and part of daily programme activities.

7.1.3. Research question 3. What are the learnings from field-testing PE in CBR?

In chapter 6 I reflect critically on the use of PE in CBR through longitudinal qualitative research in Jamaica with CBR stakeholders.
This chapter provides an in-depth account of a set of critical debates held in Jamaica with CGD programme stakeholders including staff, board members, medical doctors, school teachers and parents of children with disabilities during and after the implementation/adaptation of the PE model selected.

As a first step of the field-testing in Jamaica Outcome Mapping (OM) was introduced, discussed, assessed and adapted to the context of an active CBR programme.

Outcome Mapping is one of the evaluation models that challenges perceptions of development as being change delivered to a system from the outside and having a quantifiable measurable impact on people's life. In such a perception, development would be best achieved by activities logically connected to outputs and assumed causal connections between outputs and impact. In contrast OM, together with other novel approaches to evaluation (e.g. development evaluation, systems thinking approaches and realistic evaluation both participatory and non-participatory), focus on individuals and groups within systems. These models relinquish the illusion of control and attribution (are the outcomes of the programmes attributable to the programme input and activities?), replacing it with best contribution (is the programme contributing to the outcomes of interest?). Programmes often operate in complex social environments where there are many other factors at play in addition to programme activities. Change is therefore seldom attributable to simple factors due to many influencing variables.

Hendricks describes best contribution as " a plausible association whether a reasonable person, knowing what has occurred in the programme and that the attended outcomes actually occurred, agrees that the programme contributed to those outcomes" (17). Claiming to make a best contribution to a desired results is therefore in complex programmes, such as CBR, more realistic than attempting to directly connect inputs and outcomes as a causal relationship.

OM approaches new system behaviour via outcomes (new behaviour, attitudes, policies) in actors embedded within systems. According to the authors of OM, a programme contributes best to change by contributing to outcomes (18). Therefore, since in a dynamic system actors are exposed to various factors that shape and influence their behaviours, one specific intervention cannot be isolated to evaluate its effects.

The aim of the PE workshop in Jamaica was to document and learn from reflections around the evaluation processes. It explored the value of these processes and how stakeholders applied their learning as it occurs but it did not undertake an analysis of the **results and findings** of the evaluation. Such analysis could be explored in future research and would require more in depth discussion around the notions of attribution contribution and impact to development. However, challenges of doing this would include the lack of o common understanding and definition in the literature about how these terms are interconnected and they remain rather debatable (1,2,3,4,18).

In this study through the process of assessing and adapting OM, the evaluation group changed much of its original structural elements. In the end only 2 of the 13 original steps suggested in the OM training manual were actually adopted by the evaluation group. New structural elements, in particular a stakeholder network map, were developed to better accommodate the approach to the complex and constantly changing

programme environment. This suggests a need to learn from social network approaches (SNA). CBR works in a complex web of interactions between different and constantly changing actors. As shown in this study, developing a social network map can help to understand and negotiate the interactions and commitments of CBR stakeholders. Evidence from other fields in international development, such as emergency relief, shows that social network approaches are effectively used to help with understanding, discussing, visualizing and improving situations in which multiple stakeholders influence outcomes (24).

This study showed, that OM, although a widely used PE model, required considerable adaptation to be considered useful in this specific context in Jamaica. It should be acknowledged that this study was limited to the implementation and adaptation in one CBR programme in Jamaica and may well have yielded different results in other socio-cultural settings or even in another programme in Jamaica with different stakeholders and management styles. The programme in Jamaica is relatively small with very limited funding, most of which comes from the Ministry of Education. This funding is designated to pay field worker salaries and there is no designated funding for evaluation activities in the regular budget. The main arguments for the changes made to OM, in addition to its perceived lack of practicability in some areas (e.g. extensive monitoring requirements), were lack of time and funding available for conducting evaluation activities. Lack of time and funding were also emphasized as barriers to evaluation in the on-line survey (see chapter 3). Most changes applied to OM structure, content and terminology during the PE workshop therefore were reached for the pragmatic reasons. If more funding and time were available for evaluation this might have resulted in CGD undertaking more of the full original version of OM. It is, therefore, possible that the full version of OM might work better for bigger and better funded CBR programmes and this deserves attention in future research.

A skilful facilitation process provided a safe environment encouraging participants to express their views and be critical of and able to change OM. This contributed to workshop proceedings that put all processes, terms and tools proposed in the OM manual up for discussion and open to change. Further the management was open to critical discussion. Workshop facilitators with different skills and approaches or who were less willing to facilitate an adaptation process and/or programme management that was less open to critical discussions may have yielded different results, for example an adapted model that was more similar to the "original" OM. Similarly, the OM implementation and adaptation process in a different socio- cultural context, or in another country, might have produced different results not only regarding the degree of adaptation of OM but might have developed a different framework than the "programme mind map" that can guide local PE processes.

More research is needed on the use of PE in different settings, especially ethnographic research that includes and compares aspects of cultural diversity and cultural processes. In my opinion, however, regardless of the OM adaptions made, the finding that participatory processes appear to enhance a programme's adaptive capacity and evaluative thinking, would still remain.

In step two, changes in the area of 'process use' were explored over a period of six months. The results of the interviews and focus group sessions found evidence of enhanced knowledge about the programme work and evaluation in the participants. Additionally, programme staff in particular used critical reflection and discussion more consciously and in an organized way to find solutions to practical problems that appeared during programme implementation.

In line with the previous chapters of this thesis, the field-testing highlighted the need to critically question the usefulness of extensive lists of indicators

and monitoring items as proposed in mainstream CBR literature (see for example 21, 22, 23) as the solution for evidence based CBR practices. The findings of this research suggest that implementing and evaluating CBR is complex, fluid and uncertain. This makes long term planning difficult if not impossible without openness and flexibility. CBR work is not always amenable to precise forecasting and rigid implementation tied to fixed schedules. Therefore, rather than determining programme outcomes in advance and assuming that causal chains are well established and programme dynamics are readily predictable, this thesis suggests that evaluation of CBR work needs the flexibility to adapt to emerging insights and situations.

Additionally the findings suggest that a safe atmosphere of trust and ownership, with one prioritising the narratives, perspectives and knowledge of those engaged on the ground, is critical to support independent and flexible decision-making following the evaluation process.

An enhanced learning culture, managerial openness and encouragement to think critically is key to increasing the ability of practitioners and stakeholders of CBR programmes to proactively interpret information and to translate it into appropriate timely action.

The aim of step three was to develop a framework for PE in CBR based on the CBR programme stakeholders' experiences of implementing the PE model. However, the participants perceived the term 'framework' as being too technical and most importantly as a concept that did not adequately reflect the flexibility and fluidity of evaluative thinking. Additionally, it was felt that evaluative thinking is better reflected in the way a person asks the right questions and responds to emerging factors and processes, rather than rigidly following a framework that offers tools and structured steps. Therefore instead of a framework, through the process of implementing and adapting the PE model, the 'mind map' evolved as a resource to evaluative thinking. The 'mind map', which uses the picture of a house as visual

representation offers a set of ten flexible guiding questions that users can apply to inspire and organize evaluative thinking.

Developed by the evaluation stakeholders, this 'mind map' provides an approach to stimulate reflection and critical discussion about the programme objectives, strategies and activities and to organise action. The 'mind map' is not a rigid tool, but more of a compass that has the potential to assist CBR stakeholders in finding their way through complex programme realities and to discover their own path as they go along.

Programme stakeholders in Jamaica felt that the 'mind map's' ten flexible guiding questions that help to identify, formulate and address information needs might serve as a potential resource to aid evaluative thinking for other CBR programmes. This approach aligns with current research on evaluative thinking.

Evaluative thinking has been defined as "a cognitive process motivated by inquisitiveness and a belief in the value of evidence, which involves identifying assumptions, posing thoughtful questions, pursuing deeper understanding through reflection and perspective taking and making informed decisions in preparation of action" (25). This suggests that evaluation might be more of a way of thinking than a way of applying the right tools. Evaluation research shows evidence that creating and supporting an intentional evaluative thinking and learning environment might be a much more efficient, sustainable and cost-effective way towards evidence based programme implementation than implementing traditional evaluation processes (27). Evaluative thinking is an innovative area that will need more attention and resources in CBR implementation and research.

The process observed in Jamaica, the constant adaptation and the proposed mind map highlight the value of flexibility and adaptability throughout the process of evaluation by stakeholders in that setting. An important learning from this study is that rather than introducing generic lists of indicators or

evaluation tools developed by outsiders, what may be more appropriate for CBR are locally driven and designed information systems that help local initiatives to deal with matters of everyday concern and what they regard as important.

What can be learned from this field testing is the value of a flexible approach emerging from the ground, that may enhance a programme's adaptive capacity and evaluative thinking, that is oriented towards discussion and action rather than simply collecting "accurate" numerical information, without knowing if and how this information will translate into practice. This is somewhat in contrast to the focus on the top-down knowledge transfer facilitated in many PE manuals and courses within International Development. Exploration, wherever this may lead, seems to be a more practical and perhaps effective way towards evidence-based practice, rather than measurement as requested by most donors.

However, there were some limitations to the field study. There was limited representation from people with disabilities. CGD works with children with disabilities and their families, but not with adults with disabilities. It is acknowledged that the inclusion of persons with disabilities as direct programme participants would have provided more depth and maybe different insights. Adults with disabilities are not direct beneficiaries of CGD programme activities, however two of the persons that took part in the workshop were disabled themselves (one board member and one field worker had a physical disability) and five were mothers of children with disabilities that were enrolled in the programme. The participation of mothers explains the higher numbers of women compared to men in the Focus Group discussions.

There was also lower representation from males in the interviews and focus group discussions. Only 2 fathers out of 200 children that participated in CGD programme activities during the time of this research were reported to be living together with the child and neither of these wanted to participate

in the research. The neglect of children with disabilities by their fathers in Jamaica and elsewhere is not a new phenomenon and has been described in the literature (28,29). It is likely that greater engagement by father's and men in their disabled children's lives would have a positive impact on the inclusion of disabled children in communities in Jamaica and would reduce some of the present burden of social and economic responsibility from single mothers. However, considering the social reality in Clarendon as present during this study, including more fathers' perspectives as evaluation stakeholders is unlikely to have changed the outcomes of the research, but may have added to a more rich and nuanced picture about the perception of the CBR activities and its implementation.

It is important to recognise that this study was conducted in one CBR programme and the findings may therefore not be generalizable to other settings or programmes. Other programmes might show different results in implementing OM, and stakeholders in evaluation of CBR in different socio-cultural settings might employ different modes of adaptation. Field-testing in other settings is therefore strongly recommended.

How did the "mind map" fulfil the criteria for "good PE"?

OM as a field-testing model was chosen based on discussions around a set of criteria that had been identified using an online Delphi consultation and a consent workshop (see chapter 4). The final matrix of "criteria for good PE in CBR" included 13 criteria that were grouped under four themes: diversity, validity, practicality and usability. Because of a lack of existing guidance on what a suitable PE model for CBR should look like, the main aim of developing these criteria was to inform and facilitate the final selection of a PE model for field-testing.

The majority of criteria proposed were related to the usability of PE, which reflects on-going discussions and recommendations in international development that views process use as a core concept that influences the

effectiveness of an evaluation (30). Accordingly as recommended by workshop participants, the field-testing in Jamaica focused on the area of process use, as opposed to evaluation products or outputs. Thus the other themes (diversity, validity and practicality) were not explicitly assessed in this study. However, in the following section I reflect broadly, within the scope of this research, on the extent to which these criteria appeared to be fulfilled by the adapted PE model, the" programme mind map ". As outlined in chapter 4, further research is needed to test these criteria in detail and to apply them to other potentially suitable evaluation models for CBR.

Diversity

According to the criteria listed under diversity a good PE model should: include a broad range of stakeholders in the process (including mix of gender, socio-economic status, types of disability), be able to accommodate diverse contexts and evaluate CBR principles and domains as laid out in the CBR guidelines.

The inclusion of a range of stakeholders was fulfilled In the Jamaican field testing: a diverse range of stakeholders participated in the evaluation process, including women and men (although the latter were underrepresented for reasons explained in this chapter (p.200,201)), people from a range of socio-economic backgrounds (e.g. board members from the local business community together with single mothers of children with disabilities struggling to meet daily needs) and, people with disabilities (one field worker and one board member). Children were not included in the evaluation group as severe learning and communication impairments prevented their participation.

The "programme mind map" explicitly encourages the engagement of all stakeholders in the process, especially in the basement section of the

"house model" (see p.179). However, while there was stakeholder diversity, it is likely that the skilled facilitation was important in ensuring the different stakeholders actually had a voice. The field-testing was led by two experienced facilitators with expertise in PE. The findings suggested that participants of this study reacted positively to their facilitation approach that provided safe spaces for critical thinking and encouraged reflective and autonomous learning. It should be acknowledged that these were optimal conditions that might be difficult to achieve in other CBR programmes, given the lack of training and resources available for CBR evaluation (see survey results in chapter 3). Less or differently skilled facilitation, that did not emphasize the creation of safe space and conditions to mobilize participation, may have resulted in different outcomes including in the success of the workshop, the PE process and the development of the "programme mind map".

Another important factor that likely contributed to the success of the workshops and to the study as a whole was the flexibility and open mindedness of the programme management. In this context critical reflection and discussions did not appear to be regarded as threat to the management's authority. In contrary, critical feedback was encouraged. This is likely to have further contributed to the safe atmosphere encouraging participation. As we only tested this in one setting, it is unclear the extent to which this would occur in other contexts. In programmes with a different, less open, programme management, for example, third party models of evaluation led with a more directive than facilitative approach may be more appropriate.

A Learning from this research, therefore, is that in addition to PE needing to be accommodating of diverse stakeholders, (a criteria identified in chapter 4), the extent to which their participation happens in a meaningful way is likely to be dependent on both the quality of the facilitation and the approach, culture and openness of the programme management.

The “programme mind map” was developed as a reflecting tool, using a house as a visual representation, combined with a set of ten flexible guiding questions, rather than a “full “ model or a PE framework that offers tools and structured steps.

The “programme mind map” and its guiding questions provide ample space for accommodating diverse contexts, including exploring a broad range of topics that can be evaluated as laid out in the CBR matrix. The Jamaican CBR programme focuses on the domains of health (basic provision of therapy), education (preparation for school inclusion), social (help in personal assistance) and empowerment (guidance for self-help groups). All related matters for evaluation could be covered (and potentially all others that are listed in the CBR matrix) by using the broad guiding questions of the “programme mind map” that help to develop and make sense of the objectives and strategies of the programme and explore nature and interconnectedness of partners and actors.

In summary, the “programme mind map” and its guiding questions, is designed to embrace diversity in the stakeholders included and the topics evaluated, but the extent to which meaningful participation of diverse stakeholders is achieved may be strongly influenced by the management style and evaluation facilitator. Further work is needed to explore this in different contexts.

Validity

The ratings in the Delphi rounds, as well as the discussions during the consent workshop suggest that CBR experts and practitioners consider accuracy of the evaluation findings or methodological rigor, less important than the ability to adapt to the complex realities of CBR work, such as

inclusiveness and methodological flexibility. They also called for the use of mixed methods (qualitative and quantitative) in PE of CBR.

The adapted PE model ("programme mind map") values and seeks diverse information needs – both quantitative and qualitative. For example the stakeholders in Jamaica developed information statements that needed quantitative data collection methods ("number of clients without access to epilepsy medication") as well as qualitative methods such as interviews ("attitude of local doctors towards people with disabilities"). The field-testing highlighted that narratives are an especially important resource of information. CBR activities and practices, such as home visits or advocacy in schools are profoundly complex. This complexity is deeply contextual and embraces the multiplicity of ways of thinking, acting and being. It is not only moulded by macro influences such as local government school policies or differences in household income, but also by individual and interpersonal characteristics. These principles became visible for all the PE workshop participants in Jamaica when adapting/implementing the PE model. The stakeholder network map, together with the baseline narratives that included information about experiences, learning processes and challenges experienced by the different stakeholders, helped in understanding and improving situations in which multiple stakeholders are involved, such as school inclusion or overcoming the stigma of having a disabled child in the community. Narrative information was crucial to this.

The collection of this narrative information was encouraged by the structure of the "programme mind map" which is based on critical discussion and narrative feedback (basement "history as a process" or first floor "stakeholder network"), as well as the skilled facilitation.

However, regardless of the exact PE model used, again, skilled facilitation is likely to be key. For example, it could prove very difficult and time consuming to collect and analyse qualitative data in a grassroots CBR

setting. In Jamaica, data collection tools were introduced to the workshop participants and they were trained in small groups by the facilitators on how to conduct simple interviews and focus groups. However, participants expressed that they would need more training and time for exercises to effectively apply these tools. Generally it can be said, that good training in qualitative data analysis is important including, for example, identifying common ideas, topics and themes and writing up a summary or reports of narrative data.

In the Jamaican CBR programme, the participants did not write up an evaluation report but incorporated the information needs that they had identified into existing monitoring forms. The field workers often used informal ways of monitoring such as observing a situation, carrying a challenge observed to the next formal or informal group meeting for discussion and implementing the needed change or activity immediately after having discussed it, without formally recording the process in the files or any other written document. These short feedback/implementation loops were efficient for adapting actions to complex programme realities and to act quickly and swiftly to situations that had arisen (see chapter 6). However, there might be instances, especially in accountability driven evaluations where the "programme mind map" does not provide sufficient guidance and more formalized processes of reporting qualitative data are needed.

In summary, practical and instant implementation and mixed methods data collection was considered more important than notions such as validity and attribution. Validity was not perceived to be of utmost importance by the evaluation stakeholders in Jamaica. This aligns with the rationale behind pluralist intuitionist approaches to evaluation, described earlier in this thesis (see p. 48-50) that rejects the existence of a singular reality. This research highlights how CBR practitioners acted in an adaptive and proactive way to facilitate responsive intervention in a constantly changing environment.

The complexity of this programme work and its constantly changing context renders validity as well the notion of linear causal attributes unrealistic. All social processes are contextually situated and subject to multiple influences. It is not only impossible to repeat the same process, but even if it would be, one would not get the same results.

Practicality

The criteria developed under the header of practicality included the financial cost and the time needed to implement the PE model as well as the flexibility of the model to adapt to a changing programme.

OM is intended to be initiated in a programme by a three-day workshop. The field-testing workshops in Jamaica occurred over 6 days, which included adapting the PE model to the local context and developing the "programme mind map". As the mind map is briefer and simpler than OM, it can be reasonably assumed that an implementation workshop covering and training in depth all aspects of it will take around two days. A two day workshop involving all staff members and additional stakeholders of a programme is time consuming and expensive as it involves costs for preparations, logistics and if applicable fees for a facilitator. The expenses occurred during the PE workshop were financed by the study. However, the staff of CGD in Jamaica indicated that a programme of its size would not be able to cover the costs for a similar evaluation exercise out of their regular budget. Therefore, without designated funding made available, PE in general will be difficult to sustain for many CBR programmes, especially in smaller programmes. This is also reflected in the online survey conducted for this study (see chapter 3) where insufficient financial resources were reported by two thirds of the respondents to be the biggest barrier to evaluation. Although the intention in this study was to choose a low cost PE

model, mainly because of workshop and facilitation related costs, it is questionable whether either the OM or "mind map" would fulfil this criterion. In the survey (chapter 3) international donors were reported to be the main evaluation audience (see p.92.). Given this, one potential strategy to overcome the cost barrier could be to advocate CBR donors to either designate more funding to PE activities, or to shift some of the emphasis, including funds, from traditional evaluations towards participatory approaches in evaluation.

Flexibility to adapt to a changing programme was proposed as another criteria for good PE in CBR. Rather than being a rigid evaluation tool, the "programme mind map" was described by the study participants as a framework to stimulate discussion, learning and reflection and a compass to assist in finding their way through complex programme realities as these constantly change. The participants emphasized the flexible way the tool can be used, by entering the rooms and floors of the house separately without having to pass through the whole building. This way, information and learning can occur around outcomes (as answers to evaluation statements visualized in the roof of the house) and processes can be evaluated by checking back and critically discussing strategies and objectives against problems and challenges (historic scan in the basement). See example in textbox 1:

Textbox 1: Practical example application "programme mind map"

During the final workshop, participants simulated the situation where a donor might request information about the programme (accountability) to test the flexibility of the "mind map" to adapt to changing programme needs. The donor request, depending on the format, could apply to objectives and strategies in the "making sense room" (asking whether a specific objective or strategy is successful or not), or go directly to the roof into evaluation statements, when the request for evaluation need is already formulated, as for example "the school inclusion activities of the programme are successful". A varying and diverse evaluation group, such as management, staff, teachers, parents, or donor representatives can use the open and hybrid building blocks of the "mind map house" and its guiding questions as a visual tool and guideline for making sense of developments or challenges connected to the specific statement (e.g.? " what are/were the major developments, biggest problems and key events in this programme relating to school inclusion ?") as well as a planning aid to collect information on the evaluation statement (or question) by discussing selected guiding questions provided for the first floor of the house (e.g? "What is the strategy to successfully support school inclusion?" Or " How can we get information on these issues?" and "Can we use existing information systems to answer this?").

Additionally, one workshop participant in Jamaica emphasized that "we can actually decide whether it would make sense to include such requests from donors into our regular monitoring system (roof), maybe it is actually a good idea for ourselves to monitor this" (field worker), and another suggested: "..I would check in the roof of the house (evaluation use) , whether we can use the information we collected for the ministry (the main donor of CGD). We could also use the information independent from them to advertise how well we do school inclusion to get new donors on board…" (board member).

This example of an application of the "programme mind map" shows, not only its thematic flexibility and its value as a source to aid evaluative thinking and evaluation processes, but it also demonstrates that any stakeholder involved can use it, including donors, staff and programme participants. Every one of these groups and individuals can choose the situation appropriate guiding question(s) to help make sense of developments, identify information needs and to choose ways, persons and methods to answer these. Beyond its proposed use in PE in CBR, the "programme mind map" and its questions are flexible and universally applicable for seeking different types of information. The model can potentially be used in any evaluation process, including in non-PE approaches by evaluators, to guide reflection processes, to better understand complex interactions and relationships in a programme and to strategize evaluation steps and procedures.

The "programme mind map" and the guiding questions were developed as an aid to help to envision patterns, trends and connections in programme work that would otherwise be more difficult to discern. The CBR stakeholders in Jamaica decided to use a house as a visual representation of the mind map, combined with a set of ten flexible guiding questions that can help the user to move through its floors and rooms. The visualization, it was felt, made it easier to identify the appropriate steps necessary to collect information, since one can connect and scan from one element (floor or room) to another element much more rapidly than one might be able to in a successive list of possible steps or verbal assertions. The workshop participants were aware that other visual representations than a house could work too, or might even be more suitable in different contexts or locations. However, they identified with "their" visualisation, leaving space to adapt or change it somewhere else, if needed. As one participant expressed: " I like the house, it is good for me to connect the dots, but you know, I am not a graphic designer, I think a real prof (professional) might do an even better job, maybe totally different than a house. Maybe

somewhere else they would like another picture. But for me it is OK, it works…"(field worker).

Usability

The literature on evaluation theory indicates that usability is the most conclusive and important indicator of whether an evaluation model works in practice (30). Process use, a component of usability, was the main focus of the field-testing. Process use is the evaluation use that occurs among the evaluation stakeholders and others as a result during the evaluation process (30) in contrary to results based use that are based on the evaluation results. The results of this study indicated substantial process use. Five examples of process use that occurred during this study are discussed in chapter 6 of this thesis: enhanced knowledge about evaluation, deeper knowledge about the programme, the use of more efficient strategies responding to complex challenges, the enhancement of a culture of critical reflection and discussion and the nurturing of a more learning centred organization.

Additionally the "programme mind map" supports a programme's adaptive capacity and evaluative thinking that is oriented towards discussion and direct action. Rather than introducing new parallel monitoring mechanisms, the model encourages the adaptation of the existing monitoring system, thus embedding findings into the programme structure in easily handed, because known and already used formats.

Actionability. This criterion was not explicitly mentioned in the criteria generating process. However, it actually became a main driver of the evaluation processes in Jamaica. The evaluation stakeholders considered outcomes (such as "medical doctors have only little knowledge about

disability issues") relevant and useful if they helped in programme implementation and resulted in ways or activities that directly translated into action (such as training of medical doctors). For example improving assessment activities, finding resources for epilepsy treatment and more efficiently training parents in how to prepare children with disabilities for school inclusion were direct actions that followed the evaluation findings.

In summary the "programme mind map" as developed and field tested in Jamaica fulfilled most of the criteria for PE model selection.

However, this study focused on one CBR programme in Jamaica. Results may have been different using another model for field-testing, different facilitators or implementing OM or the " programme mind map" in other socio-cultural settings. Additionally, PE was introduced at CGD in Jamaica as part of a study which included the researcher following up with the evaluation participants to explore their experiences and this may have introduced some bias. For example, it might have motivated the participants to engage more in the evaluation activities compared to if there were no continued contact after the initial workshop.

More research is needed on the sustainability of the "mind map", how it operates in different contexts and how it can be implemented in a more cost-effective and less time consuming way. Additionally, the study suggests that PE processes need good facilitation to be successfully implemented. This aligns with the observation by Gujit (2008) that " …the benefits of participatory evaluation are neither automatic nor guaranteed. Commissioning such approaches means committing to the implications for timing, resources and focus. Facilitation skills are essential to ensuring a good quality process, which in turn may require additional resources for building capacity . .." (34).

Learning on the PE adaptation process

The aim of this PhD was to find and field test a good model for PE. When I started on this journey more than 4 years ago, I imagined that once the PE model was identified and field-tested, a model probably quite similar to the original could be recommended for universally application in CBR. However, the implementation/adaptation process in Jamaica suggested that, in fact, there is no one size fit all process for evaluating CBR. Instead, I now consider that each programme needs to decide which approach is more useful and effective in the context. I acknowledge that I have not tested other models, but I do recognize that PE may not always be the best option in every context. The appropriate approach will depend on a range of variables including the purpose of the evaluation (accountability, learning etc.), the funds available for evaluation, the readiness of the stakeholders and the availability of a skilled facilitator.

Considering the lack of reported research into evaluation within CBR, this study explicitly encourages the implementation of different mainstream evaluation approaches (including non PE) to CBR and to assess, report and discuss these in the wider CBR community and beyond. More work in the future is needed to develop guidelines for CBR programmes that can assist in choosing the appropriate PE approaches that match different purposes.

Evaluative thinking as an underlying concept for evaluations

Another key learning from this study is that there are benefits to flexible, ground driven approaches that enhance a programme's adaptive capacity and evaluative thinking. The "programme mind map", rather than providing specific PE tools and steps, identifies evaluative thinking as a set of attitudes

and thinking skills that will enhance a CBR programme's stakeholders capacity to navigate through complex programme realities and adapt their actions accordingly.

Evaluative thinking is an increasingly recognized notion in the field of evaluation (25). Despite this recognition shared by many evaluation practitioners (25,26,27,31), definitions of evaluative thinking are varied and there is little direction given as to how evaluative thinking could best be used to strengthen individuals and organizations to pursue their goals. Evaluative thinking is variably described as a "process" (25), a "mind set" (26), a "capacity" (32), or a "capacity and a person's and organization's ability, willingness and readiness to look at things evaluatively and strive to utilize the results of such observations" (33). Patton defines it as "..a willingness to do reality testing, to ask the right question: how do we know what we think we know…it is an analytical way of thinking that infuses everything that goes on" (26).

During the field-testing in Jamaica, processes of evaluative thinking, triggered, supported and sustained by the "programme mind map" and its guiding questions were evident in the observed enhanced culture of critical discussion and reflection. These led to more adaptive and proactive ways to facilitate responsive interventions.

Another key learning from this study was that evaluative thinking was a skill that lived unfettered in the programme that needed to be explored, facilitated and promoted in individuals as well as in groups and the organization as a whole. The "programme mind map" provided a framework to, explore and draw out these skills. This study suggests that enhancing a culture of evaluative thinking can lead to the use of more efficient programme strategies (see chapter 6) and a deeper knowledge about the programme. Whilst not explicitly proved in this study, these changes can

potentially lead to programme improvements and ultimately benefit the persons with disabilities it serves and their families.

In the course of the fieldwork, it became also clear that encouraging a culture of "evaluative thinking" requires commitment at multiple levels of the programme. For example, the management level (coordinator and board) have to be committed to allow time and space for evaluation, as well as a safe atmosphere for participants to express their views and to be open to change and adapt programme processes if necessary. Field- worker, parents and other participants need to build trust and mutual support and be willing to learn and apply thinking skills, such as critical reflection, questioning and strategizing. These skills can only exist at an individual level, but in order for an organization to adopt evaluative thinking as a guiding principle throughout the programme cycle, a critical mass of people who form that programme must adopt them. Baker & Bruner propose that evaluative thinking " should not be restricted solely to evaluation specific activities, but should infuse the entire processes of an organization" (34). This requires consideration of the following question:
What does it take to facilitate and sustain evaluative thinking and practice?

First, evaluative thinking needs to be more consciously and intentionally built into programme work, including, management activities, evaluation activities or research activities (such as PAR). Evaluative thinking does not depend on an educational background, nor are we born with this skill (25). It needs to be intentional facilitated and practiced alongside peers and colleagues. However, documented methods for teaching evaluative thinking are lacking.

An entrance strategy to promote the notion could be to encourage donors (as the major audience for CBR evaluations, see chapter 3) to include and combine training on evaluative thinking with evaluations and management trainings provided in CBR programmes. The "programme mind map"

developed in Jamaica is one of many potential frameworks that can aid evaluative thinking. CBR trainers may also think about including evaluative thinking principles in their curricula, such as management training, PE training or Participatory Action Research training workshops, to mention a few. Furthermore, CBR implementers, donors and academics are called upon to investigate novel ways into how "evaluative thinking" could be incorporated into a CBR programme's regular routines and activities.

7.2. Implications for CBR key actors

Given these insights, the following section discusses the implications for key actors in CBR. It is important to recognize that the boundaries between the roles of key actors in CBR are often blurred. Development NGOs can be funders as well as implementers; academics are often involved directly in CBR implementation and so forth. Government is not separately considered here as it too exercises a range of roles in development, such as training, funding or implementing CBR. When considering how to apply the implications of this thesis, it is important to be aware of the sometimes-overlapping relationships that may occur.

7.2.1. Implications for CBR implementers

Depending on the geographical, socio-cultural and political context, CBR programmes and initiatives can be implemented by various organizations and groups. This can include Disabled Persons Organizations (DPOs), community initiatives, faith-based groups, other non-government bodies and government agencies across health, education, vocational, social and other sectors.

This thesis offers four ideas for particular importance to organizations in the field implementing CBR.

Encourage self-organization

CBR personnel need the skills and involvement in decision-making to be flexible, creative and able to work in a steadily changing environment. An

atmosphere of mutual trust and collaboration is key to the production and use of knowledge (35). The results of this study suggest that CBR practitioners might be more likely to act in adaptive and proactive ways to facilitate responsive interventions when autonomous learning is encouraged and stimulated. A key learning from the field testing was that a safe atmosphere of trust and ownership is critical in this process; one prioritising the perspectives and knowledge of those engaged on the ground and that supports independent and flexible decision-making (see chapter 6).
Managerial openness and encouragement to think critically was pivotal to enhance capacities of self- organisation for CBR fieldworkers. This thesis suggests that not only individuals' self-worth but also the effectiveness of interventions are improved by supporting self-autonomy and empowering the individual CBR worker with mechanisms for analyzing, communicating and solving problems. These findings are supported by evaluation research that regards an environment that facilitates self-organization at all levels of a programme as key to learning, motivation and efficient work (36). The participants of this study adopted the 'mind map' and used it as their individual guide for self-organization to learn from results within their personal sphere of influence and to adapt their strategies accordingly.

Encourage peer-to-peer learning in CBR programmes
During field testing of the PE in Jamaica, the CBR programme developed increasingly into a model where a group of individual actors, predominantly staff, on the one hand developed increased capacities of self-organisation, and on the other hand organized to work collectively towards a common goal. It is likely that peer-to peer learning facilitated this link.

Conditions required for successful peer-to-peer learning in an organization include the building of open lines of communication and linkages (36). This means that individuals on all levels in CBR become good listeners, and open and critical reflection is encouraged.

This research highlights the value of CBR management, workers and programme participants coming together in safe reflective spaces to openly talk and critically discuss the experiences made, goals achieved (or missed), and how these observations and experiences can improve future work. These processes were supported by structured and experienced facilitation. Further research and discussions are needed to understand how peer-to-peer learning can be embedded within CBR culture rather than relying on external facilitation.

A learning from this study is that formal and informal opportunities and structures that support communication within and between these different CBR stakeholder groups need to be actively created and supported, so that all actors are able to gain the information and knowledge required to adapt to changing circumstances and to learn about addressing complex problems.

Research shows that informal processes of learning are particularly important in CBR settings, where opportunities for structured training are scarce because of lack of funds and specialist expertise (14). Informal learning can be facilitated through observing, discussion, mentoring, seeking advice and critical discussion. In this study setting the communication network that fed the monitoring processes in the field-testing programme developed through frequent personal interaction between a broad range of CBR stakeholders, such as management, field-workers, parents and local school teachers. Attention to gaps in programme implementation, and the need to exchange information and discuss ideas were the vehicles that linked CBR stakeholders and triggered informal learning processes.

Build adaptive capacity

Adaptive capacity has been defined as *"the property of a system to adjust its characteristics or behaviour, in order to expand its coping range"* (28).

Literature on communities of practice (CoPs) and complexity perspectives in programme implementation shows how informal peer-to-peer learning is a critical source of adaptive capacity and learning (35, 38).
To maximize adaptive capacity, CBR programmes need to learn from experience and apply flexibility and creativity in implementation and decision-making. This involves the decentralization of tasks within CBR programmes by encouraging self-organization and peer to peer learning as outlined in the previous two paragraphs.

This research highlights the value of CBR stakeholders being given the space and opportunity to communicate, discuss, coordinate and build trust.

These spaces for discussion, to exchange views and to guide further actions towards a solution can informally evolve around smaller groups of people, but there needs also to be managerial support to include critical discussions as an intrinsic part of formal meetings such as parent meetings or staff meetings. It is furthermore important to involve the right actors in these discussions and solution finding processes.

The CBR group in Jamaica developed a stakeholder network map to visualize the various programme implementation pathways, and to explore which stakeholders would work together in different scenarios. The results showed that identifying and supporting the right networks that address certain issues or areas of practice is necessary to ensure that all stakeholders from different contexts, levels and backgrounds are able to communicate on an issue and it helps build shared understanding that may foster collaborative action.

In CBR implementation, a trial and error approach to find solutions should be regarded as an effective strategy to move forward and reach goals in an environment that is itself constantly changing, rather than a failure towards reaching pre-set goals.

Building adaptive capacity means supporting iterative approaches to assessment and intervention, including the need for short, regular feedback loops.

Create short and effective feedback loops

Lack of time and lack of funds have been described as major barriers for implementing evaluation activities (see survey chapter 3). This research suggests that it may be more cost and time effective to reflect on programme results during regular programme implementation instead of creating separate parallel evaluative structures. Evaluation participants in Jamaica fused the information needs that had been identified into existing systems such as monitoring forms already used in the programme to avoid duplication. Results oriented and effective monitoring at the ground level ensured that local dynamics are taken into account and offered a quick and cost-effective way of gathering necessary programme information to act upon. This information, together with information attained through informal ways of monitoring became crucial drivers of learning and action. The dynamics of these feedback loops however will likely need to be adapted to the context of each CBR programme.

7.2.2. Implications for funding agencies

International development organizations are the major funders of CBR work globally (14). Their funds are dispersed to CBR programmes usually with specific requirements for accounting that are based on and driven by logical framework indicators (14). Most development organizations expect their CBR partners to formulate their strategies in measurable cause and effect terms as if these programmes could be evaluated in isolation and findings could be generalized and applied across different socio-cultural settings. This, it can be argued, is partly based on normative standards of a northern management agenda (38). Lewis suggests that such an accountability model which is rooted in fears of non-compliance with a pre-set agenda is "creating an erosion of trust through the creation of

perverse incentives." (38). Further, Natsios argues that bureaucratic obstacles and the excessive focus on compliance requirements encourage development programmes to being risk averse and aim at "low hanging fruit" rather than facilitating programme innovation and risk taking (39).

Among the international and bi-lateral agencies funding CBR work, a persistent kind of inconsistency can be observed in relation to evaluation. There is little evidence in the literature as to the level of interest in the CBR donor world to invest into PE. However, the few sources available indicate that, particularly, some of the larger, bi-lateral development agencies acknowledge the limitations of their own logic framework and generic indicators driven system, based on counting and controlling mechanisms and promote participatory implementation and evaluation (14) Despite this, it appears that they surrender to their long practiced habits and continue to operate by these same principles. Reilly summarizes this dilemma:

It requires them [International Funders] to loosen their focus on pre-planned interventions that lay out years ahead of time what is to be achieved, how and by when. It requires them to open their minds to the possibility of change happening in non-linear and unpredictable ways, and that social change occurs perhaps more slowly than they thought. It means allowing trust in the underlying principles of a methodology and a partnership to guide funding arrangements through bumpy patches.' (40)

Leading scholars in complexity sciences and developmental evaluation appeal to development organizations to critically examine the inconsistencies that occur when applying rigid generic reporting requirements to their partners in the global south and at the same time call for adaptive and learning centered approaches based on broad stakeholder participation in these same programmes (4, 24).

Development organizations need to align within their own organizational practices the values they seek and support in their CBR partners; values

such as participation, support of diversity and the empowerment of persons with disabilities as decision makers. They need to create a greater consistency than currently exists between the formal goals they promulgate and the processes they have created to support the realization of these goals. This includes letting go of some of the current mainstream approaches in evaluation, such as performance frameworks and narrow indicator lists that are of limited use in planning and implementation in a complex development context.

Models of assessment and learning in development agencies need to include features such as creating trust, taking risks, facilitate narratives from the ground and support emerging issues rather than implementing idealistic blueprints. This research has shown the positive consequences of such an approach.

To base evaluation on trust and adapt the methodologies to the requirements of a complex environment, does not, however, mean that donor organizations will lose control over the use of their resources nor does this prevent mechanisms of accountability, internally and externally to a programme. CBR programmes are accountable to numerous actors, including donors and donor organizations, people with disabilities and their families as programme participants as well as internally to themselves and their mission. These relations form a system of accountability. Within this system, the dominant emphasis currently remains largely on the accountability of CBR programmes to INGOs as donor organizations (14,41). Ebrahim calls this focus myopic (42). He explains how privileging one kind of accountability (NGO versus donor) can overshadow or marginalize mechanisms for holding the programme on the ground accountable to their own vision and mission and the communities they serve. This myopia focuses on funders and external stakeholder demands rather than on programme goals. Ebrahim points at a second myopia, namely accountability mechanisms, that emphasize operational behaviour that follows 'the rules' (or the donor's demands). He argues that this risks

promoting programme activities that are focused on short-term outputs and criteria of efficiency and losing sight of the long term goals (42). While there are surely appropriate uses for conventional mechanisms of reporting and oversight, there is a big risk that such accountability measures provide limited useful information on long term related goals and do not always contribute towards organizational learning and empowerment of the CBR programme stakeholders.

This phenomenon has been regularly observed by the author during more than one decade of working as global advisor for CBR: Programmes often view their regular programme monitoring and monitoring for donor purposes as two separate tasks, often documented in separate systems, to ensure that donor requirements are met and to avoid losing funds. This is a waste of valuable time and resources. Additionally, projects funded by some donors, especially foreign donors, often don't fit into the regular portfolio of programme activities and are rather seen as "extra tasks" to provide income to support their regular activities. For example, staff originally paid by donors to deliver a specific project activity, such as health care training, are in reality often also acting as regular CBR field workers.

There is a need for a balance and mix between evaluation approaches that respond to the accountability concerns of donors (upwards accountability) and those that meet the needs of people with disabilities participating in CBR programmes, CBR programme staff and communities (internal and downwards accountability) as well as organizational learning. Different approaches can serve different evaluation purposes and audiences and will vary accordingly. In programme reality, as Stern (2012) and Dart (2000) point out, it might often be a good choice to combine more than one approach and to pick and choose parts of different models to ensure the evaluation serves the intended audience, includes the right stakeholders and is guided by the matching underpinning theories (43,44).

Evaluation activities, research and management activities among other factors can provide the critical link between accountability and organizational learning. For CBR programmes this will require a stronger and more intentional orientation towards learning, to encourage supportive critical peer review in a safe environment and an intentional evaluative thinking environment. Frameworks such as the "programme mind map" can give guidance in this endeavour.

To support this, funders, should develop and share a long-term perspective with CBR programmes and start putting less emphasize on short-term results at the expense of long-term learning. As Jordan et al (2000) suggests funders should " address accountability as a strategic choice rather than a punitive process divorced from the mission of an NGO…" (45). Providing learning incentives, such as rewarding for implementation and for demonstrating success, rather than assessing and reflecting on failure should be an important component of donor – programme relationships. Additionally, learning is more likely if making errors is embraced as opportunity and the threat of sanctions is being minimized. To achieve this communication and coordination between INGOs and CBR programmes and the people they serve on the ground need to be open and transparent.
Narratives are a powerful tool to establish and maintain healthy accountability relations between CBR programmes and donors, as well between programme staff and programme participants. People understand the world and exchange their views through the telling and assessment of stories. Stories hold an emotional content that cannot be easily accessed through other methods and give especially people in the field the opportunity to express their views and perspectives in an unfiltered way. This, in turn, can add a different perspective and surface challenges that can help to create a more authentic picture.

Working with narratives can appear messy and complex, because it might seem difficult to fit them into categories, or to connect them without losing

their essence. However there are an increasing number of approaches in PE, non PE or Participatory Action Research (PAR) that address these issues which could be implemented in CBR programmes. For example, approaches that help to collect and analyse narratives, such as Most Significant Change, Sensemaker or audio-visual methods used in mobile community reporting (46) could be employed in the field of CBR to support mutually beneficial accountability relationships and mechanisms and increase learning in CBR programmes.

7.2.3. Implications for academics

This thesis points out research gaps in relation to CBR evaluation. These refer not only to what needs to be investigated but also how research should take place.

Work alongside CBR practitioners to document and develop examples of innovative practice

Local actors are the driving force in the implementation of CBR. The knowledge base to describe the development of CBR as an evolving cultural phenomenon and how it is practiced and understood locally is to be found in oral accounts, local narratives and perhaps sometimes in evaluation reports. It is therefore critical for academics to engage pro-actively and purposefully with CBR practitioners, and to acknowledge and prioritize the central role of the implementing stakeholders, including persons with disabilities and their families, in research. This study in Jamaica has highlighted the value of researchers being embedded inside the phenomena it is observing and of the co-creation of knowledge and understanding that can be put into action and lead to change. However, academic research in CBR, as the examples in chapter 1 illustrate, is often detached from the reality in the field.

This thesis highlights a range of areas in CBR where further research is needed; such as

1. to identify the barriers to local ownership and full inclusion of end users in evaluation processes,
2. to further investigate the dynamics of self-organization and adaptive capacities in CBR evaluations,
3. to test the usefulness of complexity theory and social network analysis in CBR
4. to see how PE models or the mind-map developed by programme stakeholders in Jamaica might work in other settings.
5. to investigate what impact on the live of people with disabilities have practices that enhance evaluative thinking

Future research in CBR will benefit from reflective practitioners that look with a critical mind into these research areas. This will potentially and progressively help to gain real world insights that can re-orientate thinking around evaluation, accountability and participation in CBR programmes.

Translate innovations from international development and social sciences to the field of CBR.

As Chapter 1, 4 and 6 argue, it is imperative that future discussions and research on evaluation in CBR need to be part of, and learn from, on-going initiatives in international development and not be developed in isolation. Although concepts of PE have been discussed for more than 40 years in development research there has been relatively little research in the context of CBR. Additionally, topics of social research, such as complexity theory and social network approaches, both of which are increasingly influencing the development of new and innovative evaluation approaches in international development are not sufficiently addressed in the sphere of CBR research. Experts agree, that these concepts in social research provide opportunities to look at social change processes and complex systems in a different and promising way. The conference motto of a meeting of international evaluators at Stanford University in 2013 *"Embracing*

complexity, connectivity and change" bears witness to this trend. Chambers suggests that we may be on the verge of a methodological breakthrough in PE theory and tools development (32). There are developments in the field that challenge our view on developmental evaluation in fundamental ways. Processes of sense making that consider complexity and network theory are often being implemented unconsciously as this thesis shows. Academics need to translate, interpret and further develop these innovations to the field of CBR. This means to embrace and learn from areas such as complexity theory and social network analysis and test their usefulness in CBR.

Supporting the evidence base of CBR, starting from "local"

There is a current widespread call for more global evidence in CBR (9,15,19). This is usually accompanied by a call for more rigorous research methods (21), standard global indicators (22) or more sophisticated methods of data analysis (23). These initiatives call for generic tools developed on global levels that try to influence local policy around CBR. This top–down approach to an evidence base of CBR is contradictory to the findings of this thesis that show the value of local and participatory initiatives in research and evaluation as instruments to support and strengthen mechanisms to foster locally generated and used evidence.

CBR on the ground is being practiced in different ways in different geographical, political, economic and cultural environments. CBR practice is modified and adapted to new situations by changing stakeholders as well as social, economic, and political changes.

The validity of CBR as a concept is challenged by some authors given its heterogeneity (9,20). However, recent evidence suggests that CBR practitioners have less problem with this heterogeneity, many of them feeling that they were doing in fact CBR before they got to know the term (47,48). The notion, as well as the practice of CBR seems to have been absorbed and adjusted to many different local contexts. This makes up the

diversity of CBR and also makes it difficult to grasp as a concept with clear borders and definitions. The practices as described in the CBR guidelines exemplify this, by presenting the wide range of possible CBR interventions. CBR is a name or a label, branded by WHO and other UN agencies that helps to frame and conceptualize community based inclusive practices in the areas of health, education, empowerment, livelihood and the social sphere and that were born on the ground. Many organizations have embraced the label and name, while others, doing the same work as described in the CBR guidelines have not and continue to call their work differently, such as disability inclusive development, inclusive community organizing or, community based disability work. The author doesn't consider the lack of universally agreed upon definition of CBR to be problematic in itself. In contrary, it brings some advantages. Disability, its conditions and the circumstances people with disability are living are constantly changing (48). The heterogeneity of CBR shows that the concept is not only fluid but also a concept that proves itself capable to continuously (re) define itself. CBR is therefore what the people using it working principles on the ground define it to be, and these definitions can be locally diverse and are subject to constant adaptation and change. In turn, this heterogeneity makes a fluid, adaptable evaluation approach even more important.

This research has suggested the value of local initiatives, specifically locally owned action research and participatory evaluations that can work with their specific and locally developed variables to generate data for local action. Greenwood and Levin state that "…. evidence does not generalize through abstraction and the loss of history and context. Meanings created in one context are examined for their credibility in another situation through a conscious reflection on similarities and differences between contextual features and historical factors (49).

Therefore, instead of developing generic tools that often will not reflect local realities, more resources should be directed into the development of

methodological frameworks for scaling – up and integrating local (bottom-up) approaches for national or global level analysis.

The development of meta-analytic methods that synthesize the results of many studies on the same subject undertaken by different researchers in varying locations has been grown steadily in recent decades. There are approaches that aim to describe or aggregate findings and those that interpret these findings and develop conceptual understanding and theory (50). In the context of qualitative approaches, methodologies such as narrative meta-analysis, textual narrative synthesis, critical interpretative synthesis, qualitative accumulation (56) as well as Meta-Ethnography, the most widely used method for synthesis of qualitative data (51) are used in research. These could provide promising potential for CBR to combine and scale up locally conducted CBR studies for wider and more generalizable analysis.

7.3. Final reflections

The hypothesis of this thesis was that a model for PE used in International Development can be successfully field-tested in CBR. Outcome Mapping (OM), the model that was chosen was adapted to the context of a CBR programme in Jamaica. Results of this process show that the "original" OM model was considerably adapted in terms of structure, focus and tools employed in order to be useful and relevant in context. There is still some way to go and further research needed before OM, or an adapted version of it can be applied more widely to CBR evaluations. This study has focused on one CBR programme in Jamaica, and results may have been different using another model for field-testing or implementing OM in other socio-cultural settings or using different facilitators. However, it was not aim of this research to create a global CBR evaluation tool or to generate evidence on the impact of CBR work on people with disabilities. Rather the aim was to document and learn from reflections on the processes around the development of a locally driven and responsive 'framework' for participatory evaluation. This research investigated the

use of PE specifically because a focus on PE is emphasized by the CBR guidelines, yet, evidence was lacking on the implementation of PE in CBR. It was beyond the scope of this study to investigate the usability of non-PE approaches in CBR. However, it is likely that there are plenty of available non-participatory approaches, which may be useful to evaluate. The process that led to the development of the 'programme mind map' by the stakeholders in the Jamaican CBR programme highlighted several factors that show promising potential for further research and action.

The 'programme mind map' proposes that what might be beneficial in the field is a flexible, ground driven approach that enhances a programme's adaptive capacity and evaluative thinking. CBR stakeholders need the skills to be flexible, inventive and creative so that they can guide complex and emerging processes appropriately. Additionally, people with disabilities and their families as main stakeholders in CBR programmes can benefit from evaluative thinking skills. This will help to ensure the programme's appropriateness and effectiveness from their perspective. Evaluative thinking is a skill that needs to be intentionally practiced, and which requires good training and facilitation (25). The more evaluative thinking is recognized and strengthened among individuals and CBR organizations, the more CBR stakeholders on the ground themselves will be able to contribute to the needed evidence base for CBR. The study did not set out to enhance the evidence base of the concept of CBR, but the findings suggest that an efficient first step towards getting more useful data from the field is to strengthen the capacity of the stakeholders to build a culture of enquiry and reflection that supports the values of evidence and inquisitiveness. This includes individuals on all programme levels that are willing to question assumptions and seek evidence, an organizational culture that is supportive of inquiry, reflection and learning and donors that are open and are flexible in their funding. In future, CBR could benefit from more resources invested in developing trainings and conceptual guidance that can teach and encourage evaluative thinking.

The ‘programme mind map’ is a locally developed tool that offers a potential approach that could be adapted for use in other locations. Further research is needed to reflect on its applicability in other contexts and on its sustainability.

This study also strongly supports calls by others in International Development to experiment, innovate, test and adapt methods for PE (2,3,4,5,26,31). There is a need for critical reflection and self-reflection in CBR discourse and practice. My thesis has sought to articulate ideas that can foster a move away from generic evaluation tools and methodologies to squeeze greater efficiency out of current work (and grants) to rather move towards researching, promoting and building capacity in evaluative thinking as the key to improved evaluation for CBR and ultimately improved CBR programmes and people with disabilities and their families that benefit from those.

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SECTION D

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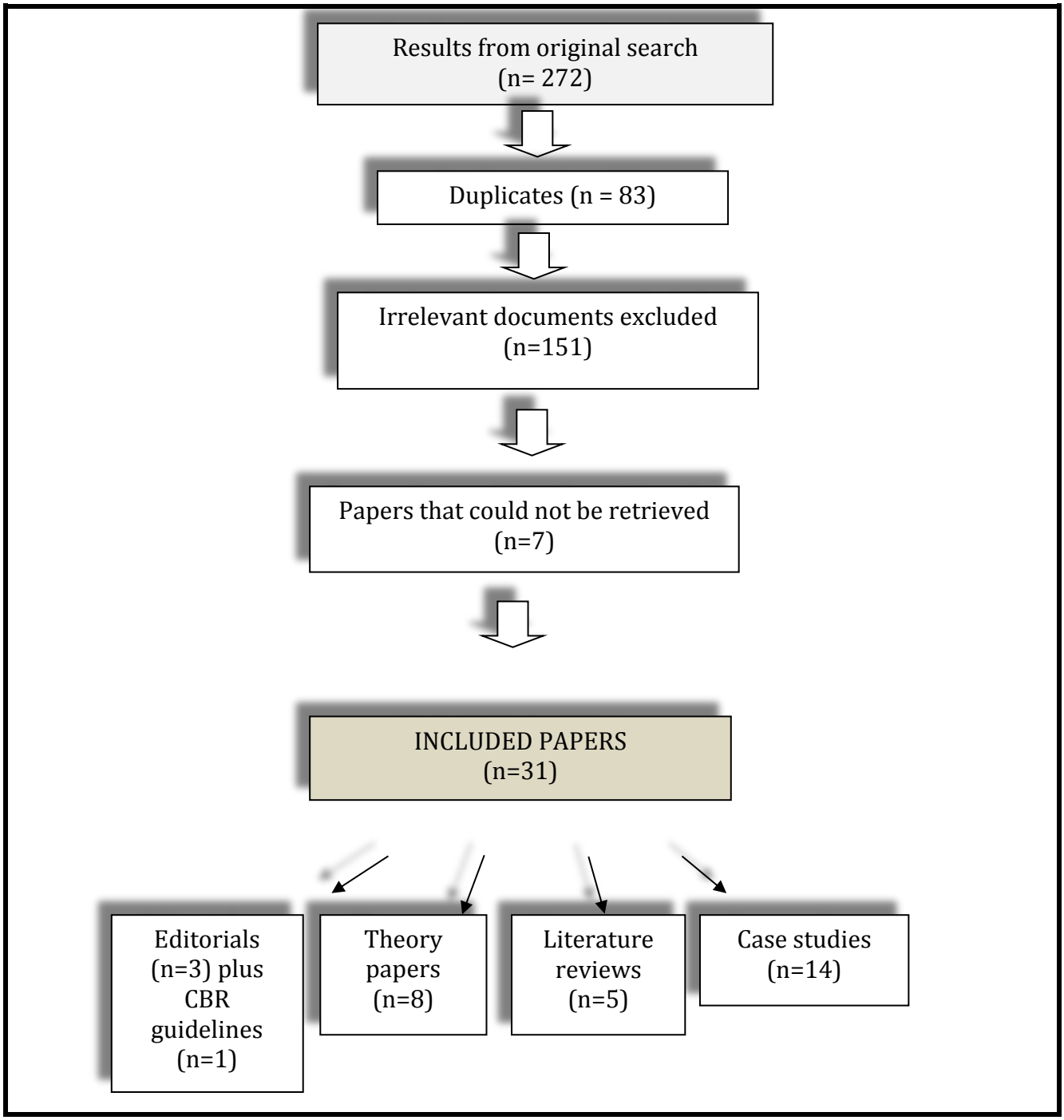
Appendix 1: Flow Chart Literature Search (Literature Review on Evaluation in CBR)



Appendix 2: Questionnaire "Monitoring and Evaluation in CBR"

Section One: About your program

Q1: **How many years has your program been running?**
_____ years

Q2: **How many staff and volunteers work on the program?**

_____full time (paid) staff
_____ part time (paid) staff
_____ volunteers (unpaid)

Q3: **In what region is your program located?** (Please tick one)
- o Africa
- o Americas
- o Asia Pacific
- o Southern Asia
- o

Q4: **In what field(s) does your program work?** (Tick all that apply):
□ Health □ Education □ Livelihood
□ Social □ Empowerment

Section Two: About your program's monitoring and evaluation approach

Q5: **Does your program regularly collect data in order to assess achievements and/or challenges?**
- o Yes
- o No

Q6: **Does your program have a system that assists staff in monitoring**? (Tick all that apply)
- o Yes, a manual system (i.e. hard copy files/documents)
- o Yes, a computerized system (e.g. data base, Excel etc.)
- o Yes, a combination of manual and computerized systems
- o No, there is no system

If yes, please give a brief description: _____

Q7: **Has your program ever been evaluated (either by people within your program [internally] or by people outside of your program [externally])?**
- o Yes
- o No

Appendix 2: Questionnaire "Monitoring and Evaluation in CBR" (cont.)

IF THE ANSWER TO Q7 IS NO:

Q7/2: Why has your program never been evaluated? (Tick all that apply)

- o Insufficient financial resources
- o Not enough information on how to conduct an evaluation
- o Staff not trained on how to conduct an evaluation
- o Limited staff time
- o Evaluation is not important

Other (specify) _____

Q8: **If yes, who has evaluated your program?** (Tick all that apply)

- o People within the program? (self evaluation)
- o People external to the program ?(external evaluation)
- o Internal evaluators as well as external evaluators? (mixed evaluation)

Others, please describe _____

Q9: **If your program has been evaluated, who was involved in the evaluation?** (Tick all that apply)

- o Therapists
- o Persons with disabilities
- o Teachers
- o Family members of persons with disabilities
- o Project manager/coordinator
- o Program Field worker/CBR worker
- o Medical personnel (doctors, nurses)
- o Local donors
- o Disability NGOs
- o Community members
- o External consultants
- o Government employees

Others, please specify _____

Q10: **Why was the evaluation conducted?** (Tick all that apply)

To inform:

- o Government
- o Project participants
- o Project manager/coordinator
- o Program staff
- o International donors
- o Local donors
- o I don't know

Others, please name _____

Appendix 2: Questionnaire "Monitoring and Evaluation in CBR" (cont.)

Q11: **The following choices represent common methods used in evaluation. Programmes may use a combination of these methods in evaluation. Please select the methods that your program has used in past evaluations:** (Tick all that apply.)

- ○ Case studies
- ○ Compiling statistics
- ○ Completing grant reports
- ○ Document review
- ○ An evaluation work group
- ○ Focus groups
- ○ Internal tracking forms
- ○ Feedback forms (questionnaires, surveys)
- ○ Interviews
- ○ Structured observation

Other, please specify _____

Q12: **Most evaluation activities seek to answer one or more of the following questions. Please rate the questions based on their importance to your programme. ("1" being the most important and "3" being the least important).**

How much has been achieved?: How many clients served, how much service provided, etc.
How well did we work?: Were clients/participants satisfied, were the services provided high quality, etc.
What difference did it make (as compared to doing nothing)?: Were the lives of clients/participants changed, what changes did your work bring about

Section Three: Challenges to evaluation

Q13: **We would like to find out what challenges CBR programs face in undertaking evaluations. Please indicate the extent to which your organization has experienced the following challenges in the context of conducting evaluations.**

1. Insufficient financial resources
□ Not a challenge □ Minor Challenge □ Significant Challenge

2. Lack of Training/Capacity in evaluation
□ Not a challenge □ Minor Challenge □ Significant Challenge

3. Limited staff time
□ Not a challenge □ Minor Challenge □ Significant Challenge

4. No interest in undertaking evaluations
□ Not a challenge □ Minor Challenge □ Significant Challenge

Q14: **Please share any other factors that you consider to be challenges to your programme's capacity to conduct evaluation_____**

Q15: **Any other comments you want to share?**

Appendix 3: Survey Results (Question 9: "engagement of stakeholders in evaluation") (n=84)

End users/Community in N(%):

Persons with Disabilities	Family members of PwDs	Community members
52 (61%)	54 (64%)	47 (56%)

Program staff in N(%)

Program manager/coordinator	Program field worker
77 (92%)	65 (77%)

Professionals/Consultants in N(%)

Therapists	Teachers	Medical personnel	External consultants
34 (41%)	30 (36%)	23 (27%)	57 (68%)

Other organisations (state/NGOs) in N(%):

Local donors	Disability NGOs	Government
30 (36%)	32 (38%)	46 (55%)

Appendix 4: Development Agencies Contacted for the PE Model Search (Chapter 5)

(listed in the sequence they have been contacted)

1. CBM International, Bensheim (GER)
2. CBM UK, Camebridge (UK)
3. CBM Australia, Melbourne (AUS)
4. Handicap International, Lyon (F)
5. Handicap International, Bruxelles (B)
6. Department for International Development (DFID), London (UK)
7. Gesellschaft für Internationale Zusammenarbeit (giz), Eschborn (Ger)
8. USAID, Washington DC (USA)
9. AustralianAid, Canberra (Aus)
10. Japan International Aid Agency (JICA), Tokyo (Jap)
11. Swiss Agency for Development and Cooperation (EDA), Zürich (Sui)
12. OXFAM UK, London (UK)
13. OXFAM Germany, Berlin (Ger)
14. World Vision US, Washington DC (US)
15. World Vision Germany, Friedrichsdorf (Ger)
16. Norwegian Association of Disabled (NAD), Oslo (Nor)
17. Caritas International, Freiburg (Ger)
18. AidIndia, Chennai (India)
19. Indian Aid, Bangalore (India)
20. Aids Foundation of South Africa, Durban (ZA)
21. Action Aid Ghana, Accra (Gha)
22. Agência Brasileira de Cooperação, Sao Paolo (Bra)
23. Agencia Mexicana de Cooperación Internacional para el Desarrollo (AMEXCID), Mexico City (Mex)

Appendix 5: Review Form (Systematic Search) for the Inclusion of PE Models in the Systematic Search (excerpt)

Review form: Inclusion criteria "model for PE"

1.General information _____

2.Eligibility:

Selection question	**Inclusion Criteria** *(Insert inclusion criteria for each characteristic as defined in the Protocol)*	Yes	No	Unclear	**Location in text** *(pg & ¶/fig/table)*
Is it a model? A PE **model** in this paper refers to both the tools /techniques/methodology together with the underlying principles that come with it and that inform the implementation and its suitability for a specific context.	**Flexibility:** General : implementation in wide range of sectors possible (Explanation: General : designed for a wide range of sectors ; Specific: designed for programs relating to a particular sector)	☐	☐	☐	
	Flexibility: Implementation geographically not limited	☐	☐	☐	
	Flexibility: Can be used across all program stages (planning-initial implementation-mature implementation-outcomes)	☐	☐	☐	
	Comprehensibility: Program managers/coordinators are enabled to facilitate the PE processes (a TOT model, working also without external "expert")	☐	☐	☐	
	Comprehensibility: Usable with limited literacy	☐	☐	☐	

Appendix 5: Review Form for the Inclusion of PE Models in the Systematic Search (cont.)

	<u>Replicability</u> Facilitators manual and/or facilitators guidelines and/or a training course is available	☐ ☐ ☐
	<u>Participation</u> All stakeholders can potentially be involved in collecting, analyzing and disseminating the information	☐ ☐ ☐
Publication date	From 1990 onwards	☐ ☐ ☐
INCLUDE ☐ **EXCLUDE** ☐		
Reason for exclusion		
Notes:		

Appendix 6: Participant Information Sheet (excerpt), Delphi Process/Round 1

The Delphi question we would like you do answer is:
What do you consider the most important criteria for good PE in CBR?
Please list up to five criteria.
Please note that you can identify criteria for any domain or area of evaluation (i.e. considering methodology, resource requirements, organizational requirements, intervention, cultural, technical etc...)
Please try **to not repeat** any of these six inclusion criteria that have been applied already to the systematic search (outlined above):
o General model
o Geographically not limited
o Applicable across all program stages
o Usable with limited literacy
o Provides replicable training
o Model must be participatory

Explanation of terms used in the Delphi question
„Criterion/criteria":
Definition: A standard by which something can be judged or decided
(Collins English Dictionary 2003)
A criterion can be expressed either in a single word, a group of words or a complete sentence. For example, criteria for „good research "could be:
1. Accuracy (single word)
2. Research design is carefully planned (group of words)
3. The reliability and validity of the concerned data should be checked carefully (complete sentence)

Please feel free to articulate your criteria in **any of these three formats**
„..good evaluation..":
There is no universally accepted definition of the term „good evaluation". The term can be used to express subjective judgement based on knowledge, experience and other background.
Please feel free to interpret the term „good evaluation "according to your understanding and judgement based on your personal background, knowledge and experiences.

Appendix 7: Consent Form (Focus Group Participants)

London School of Hygiene and Tropical Medicine (LSHTM)
Keppel Street, London, WC1E 7HT, UK
Tel. +44 (0) 20 7958 833
Fax. +44 (0) 20 7958 8325

Consent Form
(Focus group participant)

Research Project:
Participatory Evaluation (PE) in Community based Rehabilitation

NOTE: **This consent form will remain with the London School of Hygiene and Tropical Medicine researcher for their records**

I agree to take part in the London School of Hygiene and Tropical Medicine research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records.
All participants of the focus group discussions will be asked not to disclose anything said within the context of the discussion.

I understand that my words may be quoted directly. With regards to being quoted, please initial next to any of the statements that you agree with:

	I agree to be quoted directly.
	I agree to be quoted directly if my name is not published (I remain anonymous).
	I agree to be quoted directly if a made-up name (pseudonym) is used.
	I agree that the researchers may publish documents that contain quotations by me.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the project prior to approving the interview transcript, without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not contain names or identifying characteristics.

I understand that data from the interview, including the audio-tape and transcript will be kept in secure storage and accessible only to the research team.
I understand that the results of this study may be published in an academic journal or book.
.
I agree that any information obtained from this research may be used in any way thought best for this study.

Participant's Name: **Witnessed by:**

Signature:

Date: **Signature of witness:**

Appendix 8: Consent Form (Interviews)

London School of Hygiene and Tropical Medicine (LSHTM)
Keppel Street, London, WC1E 7HT, UK
Tel. +44 (0) 20 7958 833
Fax. +44 (0) 20 7958 8325

Consent Form
(Interviews)

Research Project:
Participatory Evaluation (PE) in Community based Rehabilitation

NOTE: **This consent form will remain with the London School of Hygiene and Tropical Medicine researcher for their records**

I agree to take part in the London School of Hygiene and Tropical Medicine research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I keep for my records. I understand that agreeing to take part means that:

I agree to be interviewed by the researcher	☐ Yes	☐ No
I agree to allow the interview to be audio-taped	☐ Yes	☐ No
I agree to make myself available for a further interview if required	☐ Yes	☐ No

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw from the project prior to approving the interview transcript, without being penalised or disadvantaged in any way.

I understand that any data that the researcher extracts from the interview for use in reports or published findings will not contain names or identifying characteristics.

I understand that data from the interview, including the audio-tape and transcript will be kept in secure storage and accessible to the research team.

I understand that the results of this study may be published in an academic journal or book.
.
I agree that any information obtained from this research may be used in any way thought best for this study.

Participant's Name:

Signature:

Date:

Witnessed by:

Signature of witness: