Monitoring and Evaluation in CBR
Presentation of progress on WHO CBR indicators

Nairobi, June 3rd 2015
Monitoring and evaluation of community-based rehabilitation

Overview of work previously done

Alpha-Version of CBR Indicators

Feasibility testing of the Alpha Version

Expert survey

Update of indicators based on integration of testing and expert survey data

Manual on CBR M&E
<table>
<thead>
<tr>
<th>WARM UP PHASE</th>
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</table>
| **Overview of work previously done** | - Examine existing CBR work, WHO "CBR Guidelines", and link to the CRPD  
- Determine whether existing indicators are suitable to monitor CBR and in line with CRPD  
- Examine the content of CBR Desirable Outcomes from the “CBR Guidelines” |

<table>
<thead>
<tr>
<th>PHASE I</th>
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| **Alpha-Version of CBR Indicators** | - Improve the Desirable Outcomes  
- Develop indicators in an iterative process with CBR experts  
- Come up with an alpha version of CBR indicators |

<table>
<thead>
<tr>
<th>PHASE II</th>
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</table>
| **Feasibility testing of the Alpha Version** | - Develop a mobile app for field testing of the selected indicators  
- Conduct a pilot studies for feasibility and validity of indicators in 3 different settings  
- Obtain feedback from CBR experts about the feasibility and validity of the indicators  
- Select a set of the most valid and feasible indicators |

<table>
<thead>
<tr>
<th>PHASE III</th>
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<tbody>
<tr>
<td><strong>Launch of the CBR M&amp;E Manual</strong></td>
<td>- Launch of INCLUDE and CBR M&amp;E Manual on June 30th, 2015 at WHO</td>
</tr>
</tbody>
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<thead>
<tr>
<th>PHASE IV</th>
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<tbody>
<tr>
<td><strong>M&amp;E of CBR</strong></td>
<td>- Carry out evaluation studies to empirically demonstrate the validity of the indicators and the effectiveness of CBR programs</td>
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</tbody>
</table>
Warm-up phase (Completed)

STEP 1

To obtain an overview of the work previously done, we

1. examine the CBR indicators presented in the “Technical meeting on development of CBR M&E tool", 23-24 November 2012, Agra, India

2. got familiar by the work done by other research groups
Warm-up phase (Completed)

STEP 2

To determine whether:

- existing indicators can be used to monitor CBR and
- the CBR indicators to be developed will be useful to monitor the CRPD

3. mapped the desirable outcomes and other indicators of existing projects to the CRPD
Warm-up phase (Completed)

STEP 3

To determine whether the desirable outcomes can be used as direct basis to develop indicators, we

4. scrutinized the content of each CBR Desirable Outcome
   - What information is captured
   - What perspective is captured (e.g. availability, accessibility, knowledge, participation, inclusion, freedom of choice, …)
   - Who can provide the information (e.g. CBR workers, people with disabilities, governments, community members…)

6. categorized each Desirable Outcome as either an Input, Output, Outcome or Impact, according to the Results Based Management - Monitoring and Evaluation
Phase I
Towards an alpha version of CBR indicators

STEP 4
To conceptualize M&E for CBR and to determine what indicators and at what level we are developing
IMPLEMENTATION OF NATIONAL SERVICES AND POLICIES (E.G. UNIVERSAL HEALTH COVERAGE)

ENVIRONMENTAL CHANGES (E.G. NATURAL DISASTER)

CBR PROGRAMMES
- Specific products
- Services
- Activities

DESCRIPTION OF THE CBR PROGRAMMES
- Action plans
- Strategies

SHORT AND MIDDLE-TERM CHANGES THAT ARE INFLUENCED BY SOCIAL OUTPUTS AND ARE OBSERVABLE IN THE ENTIRE POPULATION

LONG-TERM CHANGES THAT ARE INFLUENCED BY SOCIAL OUTPUTS AND ARE OBSERVABLE IN THE ENTIRE POPULATION (GLOBAL INDICATORS)

THE CHANGES ARE NOT DIRECTLY ATTRIBUTABLE TO A SPECIFIC CBR PROGRAMME

DIFFICULT TO CAPTURE BECAUSE THEY ARE EASILY INFLUENCED BY SOCIAL OUTPUTS

SHORT AND MIDDLE-TERM CHANGES OCCURRING AS A CONSEQUENCE OF THE OUTPUTS AND THAT ARE OBSERVABLE IN THE GROUP OF PERSONS PARTICIPATING IN THE CBR PROGRAMME

DIFFICULT TO CAPTURE BECAUSE THEY ARE EASILY INFLUENCED BY OUTPUTS OF “CBR AREA” AND SOCIAL OUTPUTS.
Ultimate Objective

- 25 outcome indicators at the helicopter level
- 5 outcome indicators at the plane level
Guiding principles

• To use the CBR Guidelines as an starting point
  – The CBR Matrix and the desirable outcomes
• To tell a coherent story
Phase I
Towards an alpha version of CBR indicators

STEP 5

To further develop the desirable outcomes so that they can serve as a basis for formulating indicators, we

6. re-formulated using the following criteria:

   – expressing them at the person and CBR area level, i.e. "In the CBR area, persons with disabilities and their families…"
   – reporting on something that has changed
   – expressing them in active and not passive voice
<table>
<thead>
<tr>
<th>Health Component</th>
<th>WHO Group Desirable Outcome People with disabilities and their families...</th>
<th>Group Suggestion (Round 1)</th>
<th>Group Consensus (Round 2)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities and their family members have improved knowledge about their health and are active participants in achieving good health.</td>
<td>...take positive steps to maintain their health, such as eating a balanced diet, getting vaccinated and exercising regularly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The health sector is aware that people with disabilities can achieve good health and does not discriminate on the basis of disability and other factors such as gender.</td>
<td>...feel that they obtain the same level of care when needed from the health sector as other members of the community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with disabilities and their family members have access to health-care and rehabilitation services, preferably in or close to their communities and at affordable cost.</td>
<td>... have access to health-care and rehabilitation services, preferably in or close to their communities and at affordable cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and rehabilitation interventions enable people with disabilities to become active participants in family and community life.</td>
<td>...actively participate in family and community life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is improved collaboration across all development sectors, including education, livelihood and social sectors, to achieve good health for people with disabilities.</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Phase I
Towards an alpha version of CBR indicators

STEP 6

To obtain a manageable number of “redefined” desirable outcomes that can serve as basis for an alpha version of indicators, IDDC CBR working group

7. went through a very successful and enjoyable decision and consensus process.

The result of the process was a selection of 41 “redefined” desirable outcomes
Phase I
Towards an alpha version of CBR indicators

STEP 7

To determine the outcome indicators of the selected ‘redefined’ desirable outcomes, we

8. formulated the indicators of the alpha version (e.g. % of …)

9. created questions (when ever possible selecting existing questions) together with the IDDC CBR working group
## Component 01: HEALTH

<table>
<thead>
<tr>
<th>CBR Guidelines Element</th>
<th>IDDC Plenum</th>
<th>Indicator</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Men, women, boys and girls with disability equally access health services and engage in activities needed to achieve the highest attainable standard of health</td>
<td>% of people with disabilities who rate their health as good or very good</td>
<td>I will start with a question about your overall health, including your physical and your mental health: In general, how would you rate your health today?</td>
</tr>
</tbody>
</table>
|                        |                                                                             |                             | 1 = Very good  
2 = Good  
3 = Neither poor nor good  
4 = Poor  
5 = Very poor                                                     |
| General                | Men, women, boys and girls with disability feel they are respected and treated with dignity when receiving health services | % of people with disabilities who rate their experience of being treated with respect and dignity by health service providers as good or very good | For your last visit to a health care provider, how would you rate your experience of being treated respectfully? |
|                        |                                                                             |                             | 1 = Very good  
2 = Good  
3 = Neither poor nor good  
4 = Poor  
5 = Very poor                                                     |
Phase II
Towards valid and feasible CBR indicators

9. Developed an app for data collection in the field
Phase II
Towards valid and feasible CBR indicators

10. We are testing the indicators in Guatemala and Egypt on site and China online training

10. Expert survey to obtain feedback from CBR experts about the validity and feasibility of the indicators

11. To select based on the results of tasks 10 and 11 the “best” indicators in terms of validity and feasibility

12. Manual writing
Phase III
Launch of the CBR M&E Manual

September 23rd at UNGA

Launch of INCLUDE and CBR M&E Manual
Phase IV
Towards demonstrating the effectiveness of CBR

Carrying out evaluation studies to demonstrate the validity of the indicators and the effectiveness of CBR programmes