Community based rehabilitation programmes: monitoring and evaluation in order to measure results

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Summary
Although Community Based Rehabilitation has now formally existed for almost 30 years, few papers have been written about the results of this approach. The authors hope to contribute with this paper towards methodologies that will help to measure results of Community Based Rehabilitation programmes.

The importance of establishing – prior to the development of Community Based Rehabilitation – an extensive baseline has not been extensively covered as the importance of it is almost self-evident; yet the lack of baseline data often severely hampers the possibility of being able to measure the effects of Community Based Rehabilitation.

The article places considerable importance on management information systems and monitoring, since it is believed that evaluation will greatly benefit from both the existence of baseline data as well as a well-developed and well-implemented information system.

The present article emphasises the need for participatory processes in the development of baseline data and information systems. Four key areas for measuring CBR are highlighted: people, power, public society and partnerships. Finally, a tool is presented in order to evaluate (or monitoring and evaluation) systematically.

- What gets measured gets done
- If you don’t measure results, you can’t tell success from failure
- If you can’t see success, you can’t reward it
- If you can’t reward success, you’re probably rewarding failure
- If you can’t see success, you can’t learn from it

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Introduction

Community Based Rehabilitation (CBR) has become, besides informal and casual care given by family or neighbours, the focus of efforts to address the needs and demands of people with disabilities in low- and middle income countries. CBR is having two important features: it is a model of providing support in the community that takes into consideration the historical, social, economic, political and cultural context. It is also an empowering approach based on principles of human rights; i.e. striving for equal opportunities and for full participation in all spheres of (community) life. The first aspect of care and service delivery is to some extent rejected by disabled people’s organisations because of its emphasis on adjusting the person to the existing systems and norms through – mainly – medical and therapeutic interventions. Therefore it is seen as (part of) the medical model, which disability activists consider patronising. In spite of current emphasis within CBR on the social model of viewing disability, medical interventions remain important, but time limited processes within rehabilitation. Medical interventions may even form an entrance point for equal opportunity and full participation in society.

FACTS AND FICTION: THE NEED FOR MONITORING AND EVALUATION IN CBR

CBR has been rapidly evolving since the ‘seventies’, certainly in terms of theoretical development. When it was formally launched in the 1970s it was largely a practical programme disseminating useful rehabilitation knowledge and skills to mainly rural disabled people. Nowadays it has become an inclusive development strategy in order to alleviate poverty (see article Khasnabis20 in this issue). While many claims are being made about the quality, the appropriateness, the effectiveness and the efficiency of CBR, little scientific evidence exists as to what extent CBR is offering individual beneficiaries a better prognosis for recovery and restoration of function in order to improve their quality of life; better opportunities for participation in community life and better acceptance within the community (see also the article in this issue by Velema et al.21). Furthermore, there is hardly any scientific evidence that CBR programmes are efficient, sustainable and appropriate. However, there is at least some evidence for a number of claims that are frequently being made about CBR. Such evidence comes mainly from multidisciplinary models of community based care or community based rehabilitation in Western societies. Powell et al.12 describe a randomised controlled treatment trial of traumatic brain injured clients in the United Kingdom, and come to the conclusion that community based rehabilitation, even years after injury, yields benefits which outlive the active treatment period. Trends in North America over the past years have been to shorten inpatient rehabilitation, while enhancing the provision of community based interventions18. Similarly, reports from the UK state that significant benefits are reported of post-discharge support to clients with mild or moderate traumatic brain injury.17 However, rehabilitation budgets in low- and middle income
countries are so low that it is pointless to apply evaluation research as executed in wealthy Western societies. Wirz & Thomas19 have, amongst others, argued that the lack of accepted evaluation instruments hinder a meta-analysis of CBR programmes and therefore leave the claims of CBR unproven and disputable. In line with earlier work done on developing indicators for the monitoring and evaluation of CBR2,3,4,5,10. Wirz & Thomas19 propose the development of a set of ‘robust and easy to use’ indicators for the use of evaluation of CBR programmes. Until now, such indicators have not been developed and unless front-line CBR workers ask for it, they are unlikely to make any difference for CBR development and management. It means that development of such indicators should be a joint effort of front-line CBR workers, managers and academics.

The necessary information that is needed to develop and manage CBR can be learned from key informants, from walking around the community, from ethnographic descriptions, and can be tested during baseline surveys. On top of the different contexts in which CBR evolves, it is the different orientations and developmental stages of CBR programmes that make it not feasible to compile one list of indicators to be used in every project. Consequently it was decided to restrict ourselves in this article to the description of a working process only. Besides, it is evident that most indicators provide only *indications* of what is happening. As such, whatever set of indicators are developed it means that such sets will have their limitations and will never be able in themselves to give a comprehensive view of reality. Therefore, more qualitative research is needed to answer some fundamental questions about issues such as quality of life, well-being and self-actualisation.

**BASELINE STUDIES**

It would be difficult to measure ‘results’ without first having made a baseline survey of the situation and resources of people with disabilities, their families, and the community – how they live, day by day, hour by hour, in their local community; what features they find helpful, disabling, or neutral. From such a survey, if skilfully conducted, various points would probably stand out as likely indicators for monitoring and evaluation.

The concept of baseline data applies to all data to be collected. This includes on one hand data collected during the intake or assessment of individual clients, but also data that is necessary to investigate, for instance, the need for prosthetic services.

**INFORMATION SYSTEMS: AN INDISPENSABLE TOOL FOR MONITORING AND EVALUATION**

Managing information is about an effective and regular two-way flow of information, which is essential for good monitoring. A ‘culture of communication’ helps communication between project staff, disabled people, families and the community itself. Disabled people and their families are important sources of information and therefore should have an important role in the monitoring of CBR programmes. The reality though is that communication among the different interest groups in CBR is not always optimal. Even within CBR programmes working with human rights principles there are often information gaps between management and field staff; and between providers and beneficiaries. All too often fieldworkers are only forming
the ‘extra pair of hands’ of professionals and they are hardly themselves empowered. The lack of empowerment among field workers and subsequent lack of skills to empower others unintentionally may lead to patronising behaviour and practices.

When the project is being evaluated the evaluation task is made much easier if effective management information systems are in place, and monitoring materials and records are easily accessible. Unfortunately this is not always the case and hampering the thoroughness and thus the quality of evaluations. Client records are frequently absent, incomplete or inconsistently recorded. Moreover, it is seldom that clear rehabilitation goals and strategies are described as part of individual rehabilitation plans. The limited training, which CBR front-line workers usually receive does not provide any guarantee and basis that staff are equipped to develop clear rehabilitation goals and strategies.

MONITORING NEEDS

The type of data to be collected depends largely on the needs of management but may also depend on needs as expressed by consumer organisations and could include the collection of a variety of data from a variety of sources. Different levels of management may have different needs for information as well. Usually the more operational levels of management require more detailed information.

Examples of necessary information to be collected are:

- **Impact of programme on disabled people and families** – whether or not the targeted number of people are getting services, and how useful those services are; whether there have been changes to the quality of life of those concerned; whether family members have been helped to develop or improve their supportive roles.

- **Impact on the community** – whether advocacy work and training within the community is bringing about positive change in terms of commitment and activity levels of key community groups (for example, the opening up of community services to people with disabilities; provision of money, expertise or materials). It is useful to keep track of the community’s perception of the project – to what extent the community is developing a sense of understanding, responsibility and ‘ownership’

- **Impact of training on staff and community** – each training course has its own set of objectives; after a course is completed, regular monitoring of trainees is needed to give feedback on the relevance and effectiveness of the training itself, and to provide lessons learned for the further improvement of future training courses.

- **Staff performance** – whether staff at all levels remain up to date on trends and developments, and are sufficiently empowered, capable and motivated; whether their work quality and output is up to the required standards; whether field staff are interacting in an appropriate and effective way with beneficiaries, families and key community groups; whether there are signs of overload or burnout; whether additional training, support, encouragement might be needed

- **Income and expenditure** – whether there remains a good balance between income and expenditure; whether projected income is arriving on time and in the right amount; whether money is being spent for its intended purpose, in good time, and in the right amount.

- **Quality of services** – whether the services are user-friendly, accessible; whether they are being accepted, used and appreciated. It also includes information about technical quality of services provided; the usefulness of the referral system; the professional competencies
The development and implementation of a monitoring system – often called a Management Information System (MIS) – is the responsibility of (top) management. They should meet with middle managers and they together with the team negotiate the type of monitoring system that is needed by the organisation. It is usually better to have a relatively poor system developed by everybody than a perfect system developed by management alone or an outside consultant. Ownership with regard to a monitoring system is an essential element in the development and efficient and reliable use of a monitoring system. A monitoring system should be planned right from the beginning of a project, with participation of all users (including the beneficiaries) of the system, although it is never too late to start!

Only if the monitoring system is owned by the users the system is more likely to generate valid and reliable information. However, all too often the very same users may be overwhelmed by the amount of daily work – which in their views is seen as more important than collecting data – and subsequently the system may become corrupted. This is a particular risk at the level of data collection by field staff such as community rehabilitation workers. Fieldworkers are frequently confronted with an overload of work; they work under harsh condition; they often have little formal training; they often work in isolation and do receive hardly any support and supervision in their daily community work. Besides, they hardly have or get insight into the importance of data collection and feedback is seldom given by managers. Giving feedback about the collected data is very important in order to motivate field workers and subsequently ensure maintenance of a valid and reliable information system.

Data collection should be routine action, which should not take too much time of the (field)workers. Therefore data collection forms should be as simple as possible. Only data that may be (re)acted upon should be collected. There is always a great risk that too much data or even unnecessary data is being collected. Managers should be able to analyse and interpret the collected data. They should be able to look at what is happening ‘behind’ the figures. This may mean that additional surveys are needed; that site visits be made; that discussions with beneficiaries be held in order to get better insight into the ‘so what’ question (see later). It is of extreme importance that the front-line workers are both involved in the monitoring and evaluation and informed about the status of the services and activities that they largely provide in interaction with other stakeholder and beneficiaries.

Monitoring is a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds. Monitoring provides information on where a policy, programme or project is at any given time (and over time) relative to respective targets and outcomes. It is descriptive in intent.

Evaluation is a complement to monitoring. Evaluation gives evidence of why and how targets and objectives are (not) achieved. It seeks to address issues of causality. Evaluation is a learning and management tool: it is an assessment of what has taken place in a certain time span and helps in planning and improving future work. Evaluation should be as systematic and objective as possible; but as participatory and subjective where necessary. Evaluation needs to be systematic and objective because:
it aims at comparing the situation in a programme to agreed standards; agreed objectives; the situation in an earlier stage; or the situation in another programme.

Evaluation needs to be participatory and subjective because:

- it helps to find answers about reasons or causes; e.g. why standards are not being kept, or why objectives were not achieved.

In the model suggested by the authors, the situation during evaluation is compared with the programme objectives set earlier; in other words evaluation in this model helps to determine to what extent the objectives of the programmes have been achieved. Rehabilitation evaluation thus means the process of judging the value of rehabilitation interventions in the light of their objectives. Within such a context, evaluation goes beyond the question that is being addressed in traditional monitoring and evaluation systems, which addresses compliance and provides answers to the question ‘did they do it?’ The suggested model should be seen as a results-based monitoring and evaluation system, which is designed to address the ‘so what’ question. A result-based monitoring and evaluation system asks ‘so what that the activities have taken place?’ and ‘so what that the outputs from these activities have been counted?’ Results-based evaluation systems help in getting answers to the following questions:

- What were the goals of the programme?
- Have these goals been achieved?
- Has reality been changed and how?

In order to systematically gather information a classification model was developed by Cornielje et al. The classification model is based on four evident dimensions of CBR: restoration of quality of life, locus of power, commitment to involve others, type of response. These dimensions reflect the objectives of CBR programmes (Table 1). For each dimension it

<table>
<thead>
<tr>
<th>Individual</th>
<th>Intermediate</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective one — Restoration of quality of life</strong></td>
<td><strong>Social and Economic Rehabilitation</strong></td>
<td><strong>Equality of rights</strong></td>
</tr>
<tr>
<td>O: Clients as receivers</td>
<td>L: Clients make limited choices</td>
<td>E: Clients have full ownership</td>
</tr>
<tr>
<td>B: Focus on people with disabilities</td>
<td>F: Involving families</td>
<td>C: Community participation</td>
</tr>
<tr>
<td>S: Single resource/service</td>
<td>V: Multiple services</td>
<td>R: Multi-sectoral collaboration</td>
</tr>
</tbody>
</table>

Objectives of CBR programmes

P = physical, W = well-being, A = advocacy, O = compliance, L = limited choice, E = empowerment, B = beneficiary, F = family, C = community, S = single, V = variety, R = referral
needs to be established whether the objective is formulated at an individual, intermediate or social level. This will result in a typology of the programme on the four dimensions. This multi-dimensional system provides sufficient room for an appreciation of the various contexts in which CBR programmes evolve. It should be noted that the dimensions are continua and that classes are not rigidly discrete.\textsuperscript{14} Based on this theoretical model Velema \& Cornielje\textsuperscript{15} presented two-flow charts (Figures 1, 2). These flow charts guide the evaluators through an assessment of the project.

\begin{center}
\begin{tikzpicture}
  \node[rectangle,draw] (1) {Assess project environment};
  \node[rectangle,draw, below of=1] (2) {Is advocacy being done?};
  \node[rectangle,draw, below of=2] (3) {Are clients referred to other services?};
  \node[rectangle,draw, below of=3] (4) {Assess community support for programme};
  \node[rectangle,draw, below of=4] (5) {Assess influx of new ideas and advice};

  \draw[->] (1) -- (2);
  \draw[->] (2) -- node[anchor=east] {Yes} (3);
  \draw[->] (2) -- node[anchor=west] {No} (3);
  \draw[->] (3) -- node[anchor=east] {Yes} (4);
  \draw[->] (3) -- node[anchor=west] {No} (4);
  \draw[->] (4) -- (5);
  \draw[->] (5) -- (1);

  \node[rectangle,draw, left of=2, xshift=-5cm, text width=5.5cm] {Ask questions about advocacy activities and their effects};
  \node[rectangle,draw, right of=3, xshift=5cm, text width=5.5cm] {Ask questions about services referred to and success of referral};
\end{tikzpicture}
\end{center}

\textbf{Figure 1.} Flow chart A: the relation of the project with the environment.
Figure 2. Flow chart B: assessment of the rehabilitation process and services offered.
Flow-chart A is used to assess the relation of the project and the interaction with the environment. Flow-chart B is used to assess the rehabilitation process and the services offered. Eighteen different sets of ‘key questions’ were compiled with suggestions for corresponding – pre-designed, but not yet validated – indicators and sources of information to be used as appropriate to the programme under consideration. By giving suggestions for indicators, the authors addressed the concerns of not having ‘robust and easy to use indicators’ as expressed by Wirz & Thomas\(^\text{19}\) and at the same time provide a theoretical framework. However, it should be noted that pre-designed indicators may not be relevant to a given context and it is best to develop indicators that meet the specific needs of the project or programme and which is the result of a process of consensus building among the various stakeholders.

The presented model proves to be a valuable tool to evaluate CBR programmes since it accommodates a variety of CBR programme objectives – varying from those that are more medically oriented to those that operate within a human rights and social paradigm\(^\text{16}\). The advantage of this model is that all different (aspects of) programme objectives can be accommodated within one theoretical framework, which will permit the definition and use of agreed sets of indicators.

**KEY COMPONENTS FOR MEASURING CBR**

Monitoring and evaluation within the context of CBR largely should try to focus on the measurement of development. The proposed framework reflects in fact four important aspects of development. These four components include:

- **Development of individual people** in terms of functional improvement, well-being as well as dignity and individual rights; e.g. what was their condition prior to rehabilitation and what is their condition a year after discharge from rehabilitation
- **Development in terms of power** (balances), whereby attention is given to involvement and participation of beneficiaries in decision making processes concerning their own rehabilitation process and programme; e.g. how did rehabilitation professionals communicate rehabilitation goals and activities with beneficiaries during the baseline and how do they negotiate rehabilitation plans three years after new approaches were introduced
- **Development of public society** in terms of change that occurs in society regarding attitudes and practices towards disabled people, but also social change in terms of for instance emerging progressive legislation; e.g. what were existing practices regarding disabled people during the baseline and how have they changed over time
- **Development of partnerships** such as referral systems, collaboration, networking and information sharing; e.g. what networks did exist during the baseline and how did these networks evolve during the project period

For those focus points to be measured, monitoring and evaluation should have a mixture of the following characteristics:

- If the basic premise of monitoring and evaluation is that it is a learning tool, monitoring and evaluation should be regarded as a process of reflection and action. As such it becomes an empowering process rather then a mechanism to control organisations or programmes
only. Within such a philosophy the (possibly external) evaluator becomes a facilitator of learning processes.

- If the basic premise is that within CBR (community) participation is an important pillar, recognition should be given to the fact that different groups of people have different ideas, perceptions and views and therefore emphasis should be placed upon participatory processes and consensus building within the evaluation of projects and programmes.

- As there is no single way to implement CBR, there is no single way to evaluate it either. Evaluation approaches depend on the questions that are being asked by managers, policymakers, donor organisations, consumer organisations etc.

- Use should be made of formal often quantitative techniques. However, it also should use less formal – more qualitative – techniques, such as observation and focus group interviews.

- Evaluation may focus on the relevance of the set objectives (and used strategies) and the quality of the provided achievements. The latter is usually more difficult to measure, but very important to answer the question whether that what is being done is done in the right way.

**MONITORING AND EVALUATION IN CBR: THE TOOLS**

In the experience of the authors most CBR programmes lack clear objectives and targets. At least, they are not well described, internalised and certainly not being used as a means to measure success or failure. Besides setting objectives and targets – as well as developing the necessary indicators and collecting the needed baseline data – it is also essential to ensure that in developing M&E systems the political and cultural realities will be taken into account. Collecting data and using the information that can be derived from that data is not value-free. The authors have learnt during the years of working in the field of CBR that ownership of an M&E system is of utmost importance. If stakeholders and in particular the users – those who collect the data – are not involved in the design and development of M&E systems there is a substantial risk that they will never function. A lack of true participation and involvement of CBR front-line workers in designing M&E systems may obstruct such developments for many years.

Objectives should be derived from the concerns that are identified by the stakeholders and form the first step in building the performance matrix as presented by Kusek and Rist (see Table 2). Three possible rehabilitation objectives have been displayed in this table, with corresponding suggestions for indicators, baseline data and targets.

The next step in building an M&E system is the development of indicators. Indicators are measurements used to see how far the programme has advanced towards achieving their objectives. Indicators help to monitor and evaluate programmes and form a core element of an M&E system. It drives all subsequent data collection, analysis and reporting.

If the indicators have been defined it becomes important to establish baseline data on these indicators. Baseline data is derived from objectives and indicators and simply is the information that one has at the beginning of, or prior to, the monitoring period.

After gathering the baseline data on indicators, the next step is to establish targets. In establishing targets one should ask the question “what can be achieved in a specific time towards reaching the objective?” Targets are quantifiable levels of the indicators that the organisation wants to achieve by a given time.
Table 2. Developing objectives, indicator, baselines and targets for different policy areas

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objectives</th>
<th>Indicators</th>
<th>Baselines</th>
<th>Targets</th>
</tr>
</thead>
</table>
| People disadvantaged by leprosy and other disabling conditions achieve an improved quality of life | To bring about a measurable improvement in community attitudes towards people with leprosy at the end of 5 years | % of women with leprosy who participate in family life                   | - At the beginning of the project half of women with leprosy are not allowed to use same utensils  
- At the beginning of the project 50% of women with leprosy sleep separate from other family members  
- At the beginning of the project women with leprosy are not involved in decision making at household level | - After 3 years of work 80% of women with leprosy are allowed to make use of the same utensils as other household members  
- After 3 years 70% of women with leprosy sleep in same house as their relatives  
- After 3 years of work 30% of women with leprosy have gained independence in their activities of daily living |
| People with disabilities have been empowered as advocates of their own development        | % of disabled people actively being involved in a local self help group    | At the beginning of the project no self help groups do exist              |                                                                                                                                                                                                                                                                                                                                          | After 3 years of work 50 self help groups have been established  
After 3 years of work 50% of people with leprosy as well as other disabling conditions are active member of a self help group  
After 3 years of work all people with leprosy report discrimination with ombudsman |
| Ability to lobby/advocate                                                               | People with leprosy lack self confidence at the beginning of the project  | People with disabilities have equal employment opportunities             | % of disabled people able to generate income  
At the beginning of the project only 5% of people with disabilities are (self) employed | After 3 years of work at least 40% of people with disabling conditions are (self) employed |
As stated earlier, the performance matrix forms a useful tool in building an M&E system. While such an M&E system appears to be valuable, the reality is that it is rarely used in practice in the way as presented. Although many development projects are nowadays formulated within a Logical Framework Approach and subsequently one would expect a systematic and consistent logic in all steps of the project design, the authors – in many evaluations done during the past decade – never came across a system that was as transparent as has been suggested. This is probably a true and realistic reflection of the complexities of ordinary human- and community life, as in most cultures and societies human life is densely layered with relationships and conflicts between and among people, families, histories, differences, and any external input into the community must take account of some of those layers of connections and disconnections.

It should also be clear that, although the performance matrix can be an important and highly recommended M&E tool, it never does nor will provide all answers to all evaluation questions. As stated earlier, as evaluator one often needs to use more creative – often qualitative measurement tools in order to be able to establish if for instance the goal of the programme has been achieved.

Quality of life is an individuals’ perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHO, 1997). The largely subjective experiences of quality of life with interdependent dynamics involving personal characteristics (such as self-esteem, and motivation) as well as interpersonal relations (social interactions) make it so difficult to evaluate quality of life. Therefore it is highly recommended to validate – and add to – the findings of the earlier suggested evaluation tool subjective opinions of beneficiaries and their relatives. Various tools – adapted to local contexts – can be used for this purpose: i.e. the Self-reported Comprehensive Quality of Life Scale – ComQol-A5 with 7 specific, often interdependent domains. These domains are

1. material well-being
2. health
3. productivity
4. intimacy
5. safety
6. place in community
7. emotional well-being

Only if such additional tools will be added to the array of evaluation methods and tools it will become feasible to deal with the subjective aspects of the disability experience and get answers to the question ‘so what’, and start thinking about developing impact indicators.
projects. Knowledge gained in CBR projects commonly stays within the project and with the people involved in the project. Information that is shared in working groups and conferences is useful but interpretation is difficult without getting to know the specific circumstances, local demands and goal and objectives of the project. Consequently, transformation of this information to one’s own project or generalisation to a policy becomes a thorny exercise. By realising that every CBR project will be different it becomes evident that we need a common, more factual, language to complement the usually qualitative and often subjective observations and reports. A comprehensive but focused monitoring and evaluating system, built on factual information, is, in the authors’ opinion of utmost importance for the further development and acceptance of CBR.

Monitoring and evaluation is supposed to provide critical information and enable policymakers and managers to make informed and therefore better decisions. Good M&E systems will also help in promoting greater transparency and accountability within organisations and towards the general public. As such organisations – if they provide positive results – will be empowered to garner greater political and public support. The importance of this type of support should not be underestimated. Evidence that CBR is an effective strategy to empower people with disabilities and to prevent them and their families from being condemned to live in the margins of their community is needed for at least four reasons. First, it is important to beat negative and cynical feelings about the contributions people with disabilities can make to their own families and communities. For example, monitoring of micro-credit schemes can show that people with disabilities benefit from the scheme and will be able to contribute to the family income and become less reliant on their family and other resources. Second, it is realised that CBR for its resources and support has to compete with other development programmes. Policy makers are under pressure to direct their attention to a limited number of programmes. They need to come up with results, satisfy the demands of organisations and pressure groups and deal with upcoming and fading trends in development work. Therefore it is important to position CBR as a community development programme that is part of the core responsibilities of policy makers and should not be left to (specific) NGOs alone. To strengthen the position and decision-making capacity of policy makers they need to have access to information on the effectiveness of CBR. This information can only be collected in the projects and should be easy to understand. Thirdly, people involved in CBR projects can and need to learn from each others projects. Implementing CBR is a complex process which can be supported by manuals and books but requires other inputs as well. An important tool is making – where possible and relevant† – the goal and objectives of the project explicit and specific, and to select and develop indicators. Similarities and differences between projects thus become visible and measurable. In comparing the objectives with the baseline a structured discussion can be started on the effectiveness of the chosen interventions. As such a body of knowledge will be developed that contributes to the further development of CBR. Getting to know the most effective interventions and the facilitating and obstructing conditions is important information for everybody involved in CBR projects. Fourth and last, it is stressed that CBR is part of a changing world and therefore the concept itself needs to be flexible and developing. However, to prevent inventing the wheel over and over again we need to keep track on how demands change, what type of questions arise and the direction CBR into which projects develop. A focused monitoring and evaluation

†It will be difficult to measure for instance change in social-attitudes and change, and it can easily be mistakenly identified, or self-reported, certainly within the relative simple Log-Frame thinking, which was originally developed for managing large scale engineering projects.
structure as presented in this article will allow people within and outside the project to assess and reassess projects and guide the project in a newly defined direction.

It is concluded that there is a definite need for a comprehensive but focused monitoring and evaluation system. Classifying CBR projects provides the necessary basis for the selection of indicators. Using defined sets of indicators will not only strengthen the concept of CBR but will, subsequently, improve the decision-making capacities of people involved in CBR projects and policy-making.

References