

PIE

Participatory Inclusion Evaluation

**A flexible approach to evaluating the impact of CBR
and inclusive development programmes**

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Online access:

The PIE handbook, the tools and the appendices are available online for free download at the following sites.

Institute for Global Health UCL

<http://www.ucl.ac.uk/igh/research/a-z/participatory-development-impact-evaluation>

Enablement

http://www.enablement.nl/index.php/165/Tools_and_materials.html

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A. Introduction to the PIE approach handbook and toolkit

Welcome to the handbook and toolkit for PIE, a new participatory approach for evaluating outcomes and impact of Community Based Rehabilitation (CBR) programmes.

PIE provides a structured but flexible approach for collecting and analysing information about the real changes that CBR has had on the lives of people with disabilities.

The toolkit includes a range of tools: supports the whole evaluation process from planning; data collection (from a broad spectrum of CBR players), to data analysis, validation and report writing thus providing a very in-depth impact evaluation. However the approach is flexible so a selection of the tools can be chosen depending on the depth of information required and the specifications of the evaluation, context and resources available. The evaluation process is seen as one which provides an opportunity to learn about what is going well as well as what needs to change, so it leads into a process of future planning.

CBR is a complex strategy involving contributions from a variety of stakeholders thus the PIE approach deliberately determines individuals and groups of players that are to be included in the impact evaluation: These are the **CBR core team**, (the team of people directly involved with the CBR programme) a variety of **people with disabilities and their families/carers** and also the **network of Strategic Partners** who are service providers or other organisations and groups working closely with the CBR Core team and if relevant some other key community stakeholders.

Information is collected from individuals and groups of people using a range of participatory tools and methods. The approach has been influenced by evaluation methods used in other arenas in community development but not necessarily in disability work or CBR. These include: **Outcome mapping, 5Cs, Most Significant Change Stories** and various **participatory and action research approaches** (see appendices for details).

The data from different participants in the process is combined using an Evaluation Framework. Firstly this unique framework draws together the evidence about the impact of CBR across the 5 key components of the WHO CBR Matrix and with specific focus on 3 core aspects of impact: **Inclusion, Living Conditions and Empowerment** for people with disabilities. Secondly the framework prompts evaluators to collect information about organisational and strategic aspects of the CBR programme in the areas of: **Relevance, Efficiency, Effectiveness and Sustainability**. The tools are designed to find information which contributes to evaluating these aspects, and the data analysis section helps sort and organise the data so that it is easy to report the findings and learnings which emerge and to lead to future actions.

In this handbook (section 1) you will find all the basic information you need to understand the PIE approach and detailed information about the process which is made up of 7 stages.

Stage 1: Preparation, Planning and Situational Analysis

Stage 2: CBR Core team perspectives

Stage 3: Listening to groups of Strategic partners

Stage 4: Listening to people with disabilities and their carers

Stage 5: Initial analysis of data

Stage 6: Community meeting: validation of the findings and future planning

Stage 7: Finalising analysis, reporting and dissemination of findings

In the toolkit (section 2) you will find templates for forms and other materials to use to do an impact evaluation.

In the appendix (section 3) you will find extra practical guidance and additional background information.

The PIE approach and tools are designed to be used mainly by teams of **external evaluators** (although internal evaluators could use an adapted version and although there may be some bias if you do this). The process necessitates a team of 2–3 people, some who must speak the local language of the area and be able to translate the tools. Ideally all three should have experience of disability in a personal and/or work capacity and participatory evaluation processes. It is essential the evaluators become very familiar with the PIE process and toolkit before they start the evaluation.

We have used the term ‘CBR’ throughout, although we recognise that there is variation in labels used globally for community projects and programmes which are primarily focussed at community level on inclusion and on improving the wellbeing of people with disabilities. Projects being evaluated may be ‘standalone’ interventions or be part of mainstream community development, they may be in one or several sectors (e.g. health, education, livelihoods etc.). The PIE approach is designed to be used in any of these types of projects or programmes including those run by both government and nongovernment agencies.

PIE is a very comprehensive toolkit so it is suggested that this would only be carried out once every 3–5 years. It takes a minimum of 2 weeks fieldwork and 3–4 weeks of analysis and reporting time. This includes a community validation meeting to report back and get recommendations from key stakeholders. Not all evaluations will allow this amount of time or resource to do an in-depth study but briefer evaluations could be designed using a selection of the tools according to the type of programme and also the human and other resources and time you have available.

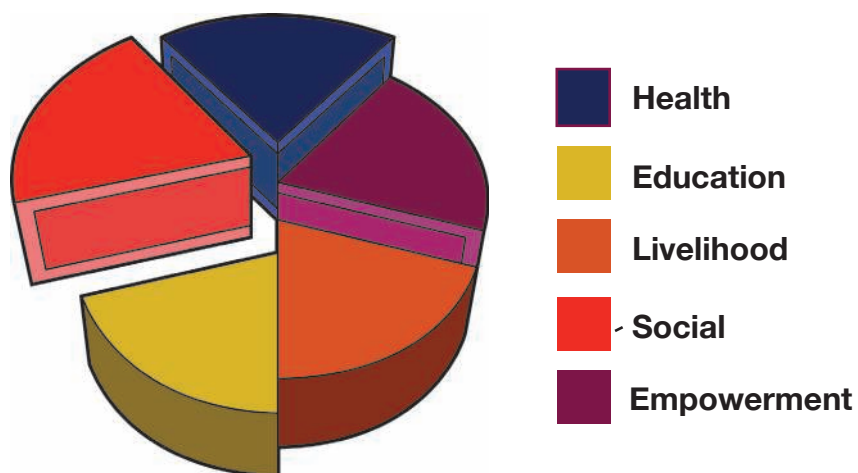


The PIE approach and toolkit is the product of a 3 year research project funded by the Australian Government (DFAT) and managed by University College London (UCL), Institute for Global Health and has been refined over 4 rounds of testing across 2 African countries. It sets out to provide a structure for a predominantly qualitative evaluation of CBR, which might be used alongside a more quantitative approach such as the WHO ‘Capturing the difference we make’: Community-based rehabilitation indicators manual.

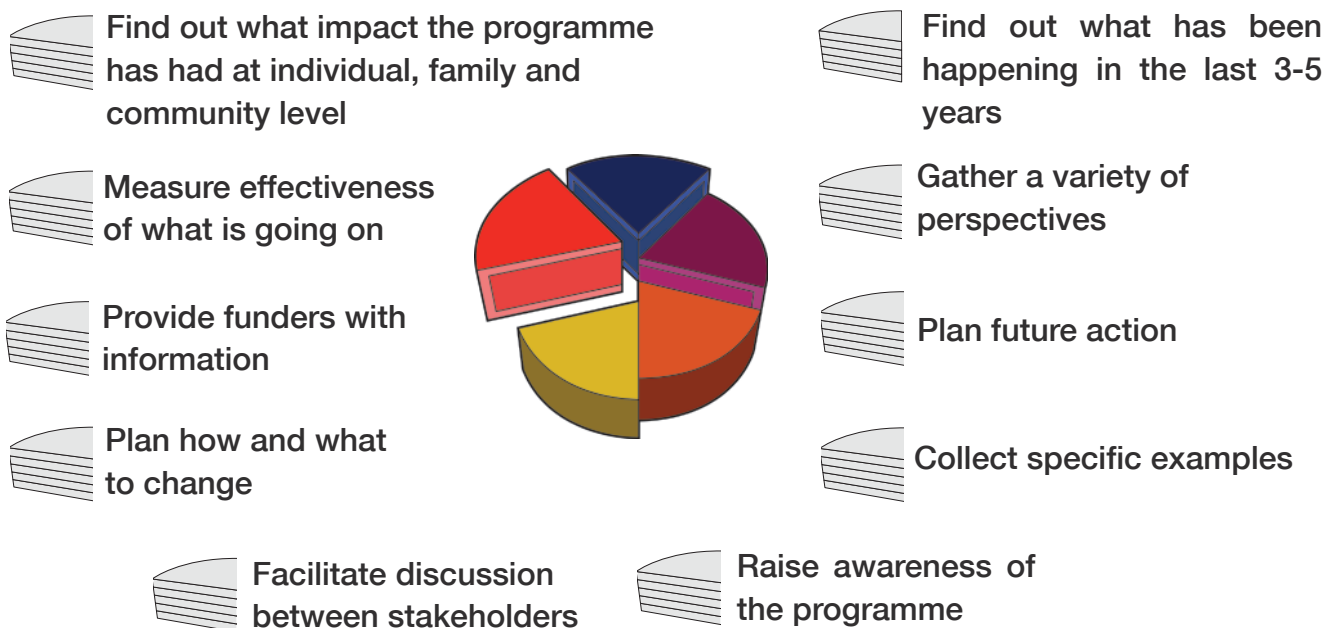
However it may still need to be adapted and improved. The authors would welcome hearing about your experiences in using the PIE approach and toolkit. Please do write and report back on the strengths and weaknesses of PIE. Your changes may be incorporated into subsequent versions. Contact details are in the appendix.

Good luck and enjoy your evaluation task!

CBR Components



What can PIE do?



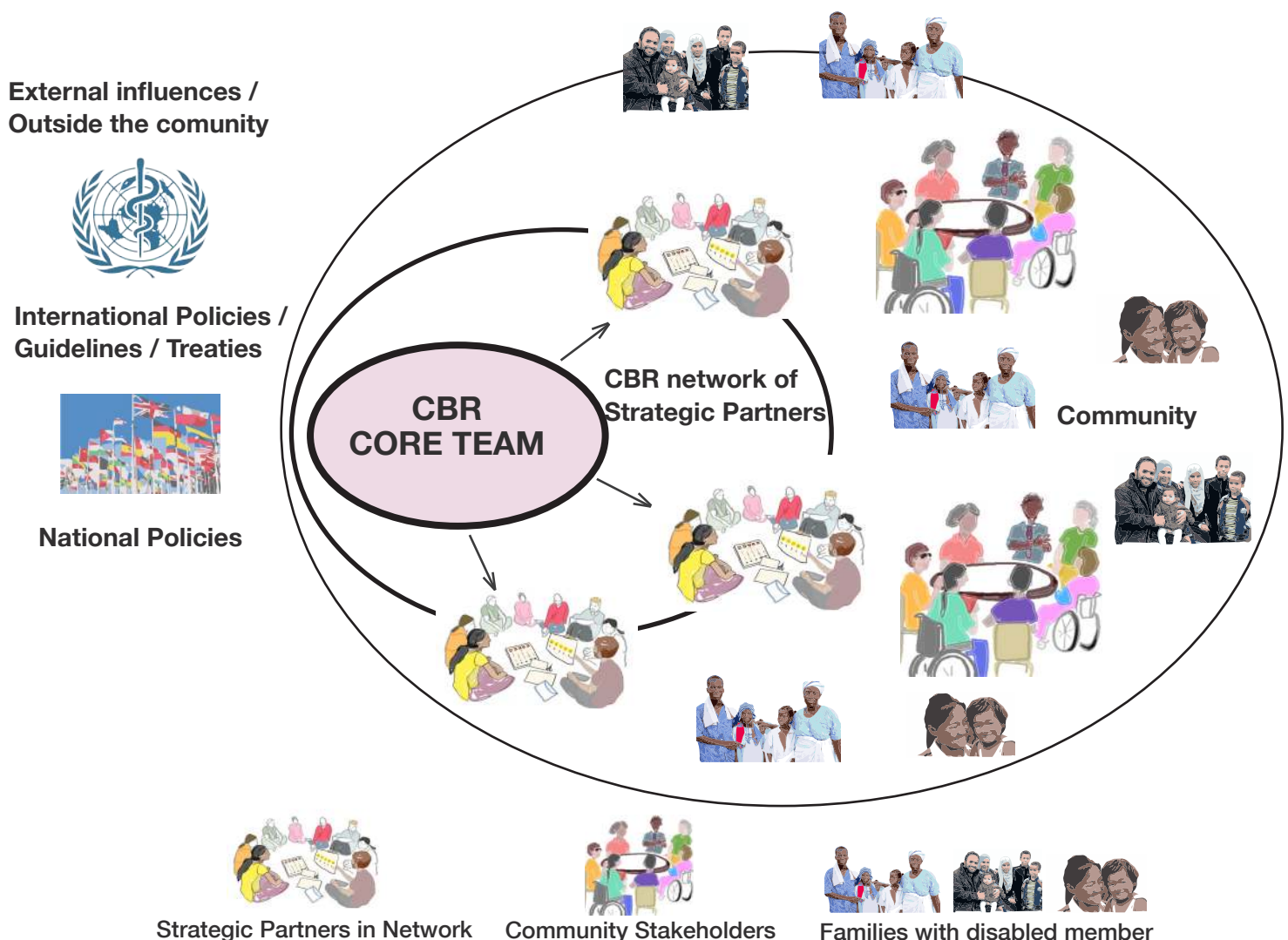
B. Overview of The PIE evaluation approach

The PIE approach recognises that CBR programmes are very varied in how they work, who they work with and what they set out to change in the lives of people with disabilities. This section introduces you to the key aspects of PIE.

CBR Core Team, Network of Strategic Partners, Families with a disabled member and community organisations


The PIE approach understands the different actors involved in the lives of people with disabilities as a system with many linkages and different levels and types of influence and importance. Very often the Core team is quite small and works mainly through a network of Strategic Partners who may have the most direct contact with people with disabled people and their families (eg through service provision). The Core Team and the strategic partners may also be active in influencing other community organisations, so that indirectly they are changing the situation for people with disabilities (eg through awareness raising).


Fig 1. Different actors involved in or influencing CBR and the lives of people with disabilities




Evaluating a complex programme

CBR is a complex intervention, involving many different types of people and various local organisations and agencies. These might be both government and non-government actors and they may be coordinating the whole programme (as the Core Team) or just contributing to it (Strategic Partners). It is complex because there are many different stakeholders and factors involved, but importantly they all interact and influence each other. In CBR, it can be difficult to identify who is doing what and how each stakeholder contributes to the overall changes in the lives of people with disabilities. Taking this complexity into account, PIE sets out to:

 **ask a diverse group of people with disabilities** about how CBR affects them (i.e. including people with different kinds of impairments, men and women, boys and girls, people of different ages and levels of education and social status, working and non-working people, people of different faiths etc.).

 **ask the Core CBR Team** about their aims and whether they think they are achieving them.

The 'CBR manager' and his/her team will provide an overview of the activities going on and also reflect on and evaluate the success of these, and where improvements might be made. They can consider their capabilities, their relationships with the CBR network, the impact their work has across the CBR matrix components and also various other aspects about how the project/programme works.

 **involve the Network of Strategic Partners: people and organisations working actively with the CBR Core Team.** They are often service providers of health, education, and social services, as well as local or international NGOs, or others. By definition, a Strategic Partner works closely with the CBR core team, for instance doing joint projects, giving or receiving training, sharing a mandate (such as aiming to make a community more inclusive, advocating for disabled people's rights), collaborating in changing policies or practices in relation to disability. Such Strategic Partners might be working specifically on disability (a rehab centre or DPO) or may be a mainstream organisation (a health centre or school).

➤ **involve DPOs (Disabled People's Organisations) who can play various roles in the CBR programme.. DPOs may be Strategic Partners or they may be part of the CBR core team.**

➤ **consider consulting with some other Community Stakeholders (if you are doing a very in-depth evaluation).** These are groups who are less involved in CBR or disability issues, but who may have something to contribute in the evaluation (e.g. community organisations, local faith organisations, businesses, youth, women or elderly groups). They may be involving disabled people in their activities but not in a specifically 'programmed' way.



A complex programme has many different aspects going on, but also they are inter-related and may influence each other. It is therefore often difficult to separate out what is affecting what.

The WHO CBR guidelines (2010) and CBR matrix (2004)

The WHO CBR guidelines (2010) and CBR matrix (2004) are increasingly being used as a guide to CBR and inclusive development practice around the world. The PIE approach and toolkit links with the CBR guidelines and the matrix at all stages e.g.:

Early in the PIE process, the range of activities going on is identified in relation to the **5 matrix components: health, education, livelihoods, social participation, and empowerment**. You will have to make decisions about:

Who to consult during the evaluation
and
The kind of questions you will ask them



The CBR guidelines list ‘desirable outcomes’ for each of the 5 components and its sub-elements (see appendix 1). These can help in classifying the activities and interventions that are going on. Whereas the evaluation team needs to understand the CBR matrix, the people participating in the evaluation do not need to understand about it!

The final analysis of the impact of the CBR programme will be partly in relation to the 5 components (matrix columns) and its sub-elements. For example if the programme is mainly working on livelihood, how well are they doing at this? What kinds of things are they doing? Which aspects make a real difference to people?

Not all CBR programmes will address all five components of the CBR matrix equally. More weight should be given to those elements on which the programme focuses most.

Goal: Human Rights - Inclusive Development

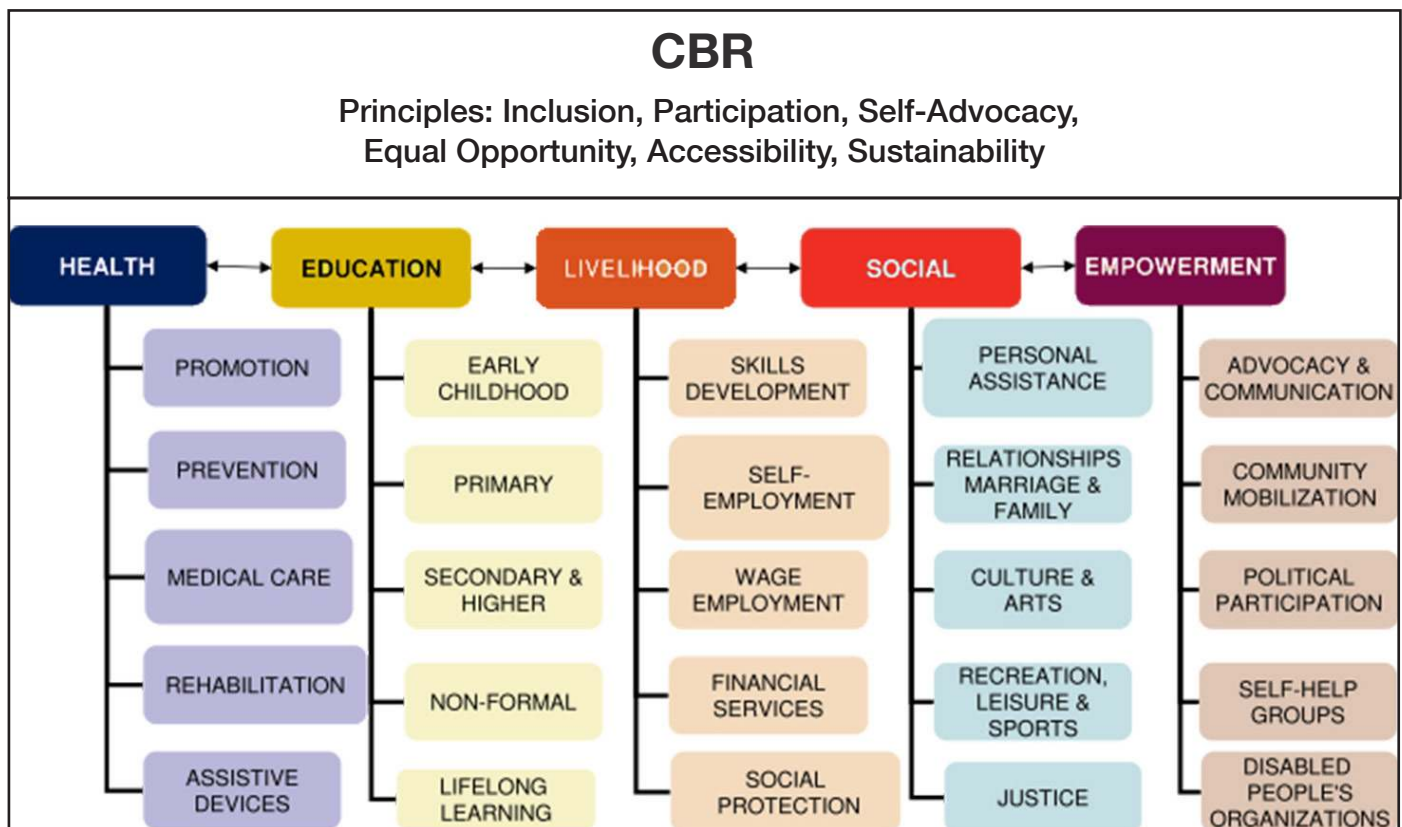


Fig 2. (WHO CBR Matrix 2004)

The principles of CBR described in the WHO guidelines are based on the UN Convention on the Rights of Persons with Disabilities (UNCRPD):

- ✓ Inclusion
- ✓ Ensuring equal access to services and resources
- ✓ Ensuring participation
- ✓ Creating equal opportunities
- ✓ Meeting basic needs of people with disabilities
- ✓ Improved quality of life

In the PIE approach these principles have been condensed to 3 as the basis for the impact analysis:

- **INCLUSION**
- **EMPOWERMENT**
- **IMPROVED LIVING CONDITIONS**

INCLUSION means the practice of ensuring that people with disabilities are given equal access and opportunities at all levels and stages of life. It is also about valuing people with disabilities and ensuring that they feel they belong, and are engaged and connected with others in their family and community

EMPOWERMENT means the process of gaining control over one's own life, to be able to make decisions and have choices, and to have the confidence and self-esteem to realize one's rights and goals

IMPROVED LIVING CONDITIONS means improvement in the basic needs of life both physically and emotionally e.g. better health, better income and more stability, and feeling more at ease with everyday life and able to manage well.

You will see these three principles in the structure of the **evaluation framework** (p 21...), and they will come back when you are analysing and summarising the data and in the way the final report is written.

*I am an equal member of this village – I
join in with things (inclusion)*



*I feel strong inside, I can make my
own decisions (empowerment)*



*I have better health now, I have a
better house than before
(living conditions)*



Evaluation as an inclusive learning process, which informs future planning

The PIE approach provides information about **what is going well in a programme, how to improve it, change it, and learn from what has happened.** The methods and tools encourage everyone to be open and honest about what they think, to have time to discuss in **groups**, and or to have a say **individually**. It allows many people to express their views, even those who don't usually say much!

There are 2 main groups of people who will have something to say:

➡ **People with disabilities** of all ages, men and women, boys and girls and those with all types of difficulties (impairments), and also their families and carers

➡ **The CBR core team and the network of Strategic Partners** - groups, organisations, services that focus specifically on disability issues or actively include people with disabilities and their families in their mainstream activities (government and NGO). Their view will primarily be about their role in service provision and how they work with the CBR programme.

Additionally in a very detailed evaluation:

➡ **Other community organisations** may also contribute, whether they have direct connections with the CBR programme or not, if they have important views on being either beneficiaries or providers or otherwise.

Evaluation as a process is very often linked to important decisions about funding, and the future of a programme. This can cause anxiety and make people feel like it is a test to be passed. However, if evaluation is done from a learning perspective, it can be better seen as a positive opportunity. Evaluations should allow everyone to celebrate what is good and build on this, as well as identify ways to improve the programme in the future.



That went well - Let's do more of that!

An inclusive process

The PIE aims to ensure that everyone's voice is heard. This may be in groups or individually. It may include using drawings, or other formats which take into account people's impairments, their level of education, skills, confidence, experience and their age. There should not be much reading to do. Looking at photos and pictures can help focus people's ideas. People who are blind or deaf or who can't talk or understand well should be able to join in. The focus is on interaction and participation so that people feel comfortable to talk and share their perceptions and thoughts openly and honestly.

Flexibility is an important feature of the PIE approach and its toolkit. Who you interview will depend on the nature of individual CBR programmes and how things are organised on the ground. You as an evaluator will need to work closely with the CBR core team to decide how best to select people to talk to, and how to involve as many different people as possible.

Who is the focus of the evaluation?

Disabled people's perceptions are the most important in the evaluation. It is critical that all types of people with disability have the opportunity to tell you what they have experienced. This may mean recruiting sign language interpreters, ensuring buildings are accessible, supporting personal assistants and guides. This is an important part of the preparations for the evaluation. It is important to ask for specific examples that show people's experience and perceptions rather than saying generally 'it was good' or 'it was bad'. Such examples help to make the evaluation interesting, accurate, realistic and valid in its findings.



Focus on impact

The PIE approach not only aims to find out what impact the CBR programme is having is on the lives of people with disabilities and their families. What is going well ,but also how and why things work? By impact we mean the kinds of changes that people experience in their lives and to what extent the CBR programme contributed to this.

We hope of course that CBR programmes bring about positive changes, and they need to be documented. However it is just as important to learn lessons from lack of change or even negative changes as a result of the CBR programme.

We know that CBR programmes do not work in isolation and many other factors have an influence on what happens in communities (i.e. they are complex!). We need to know as much as possible about:

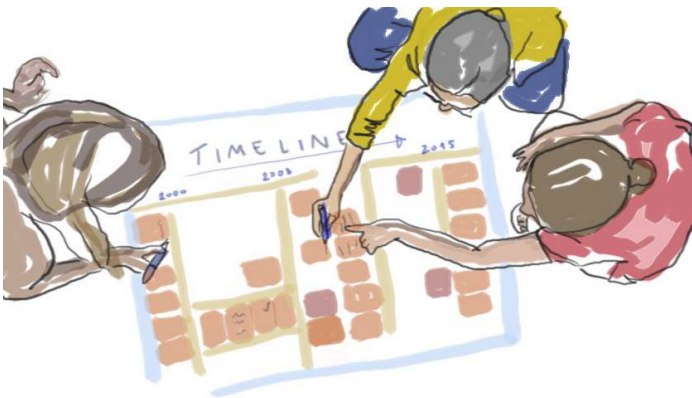
How the CBR programme has contributed to changes?

The tools provided in this handbook explore the link between interventions (things that are done) and the resulting changes in people's lives (what they actually experience), and whether there is evidence for this link.

Interventions/Activities



How people feel



A participatory approach to evaluation and action learning principles

Both participatory methods (involving everyone) and action learning approaches emphasise that there is a circular process involving people in all the stages of what happens and leading to changes in action on the ground as a result. Thus there are links between: Finding out what is going on and what needs to change and then what people decide should happen next.

The PIE approach sees evaluation as a learning process, and the recommendations made by people with disabilities and their families, the CBR Core team and Strategic Partners are all crucial parts of the whole picture.

Action Research

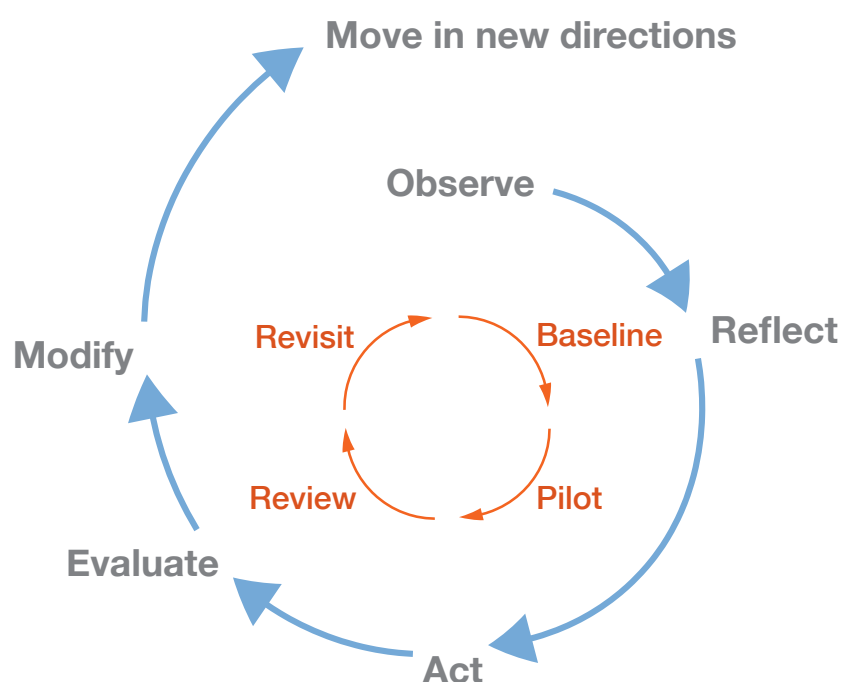


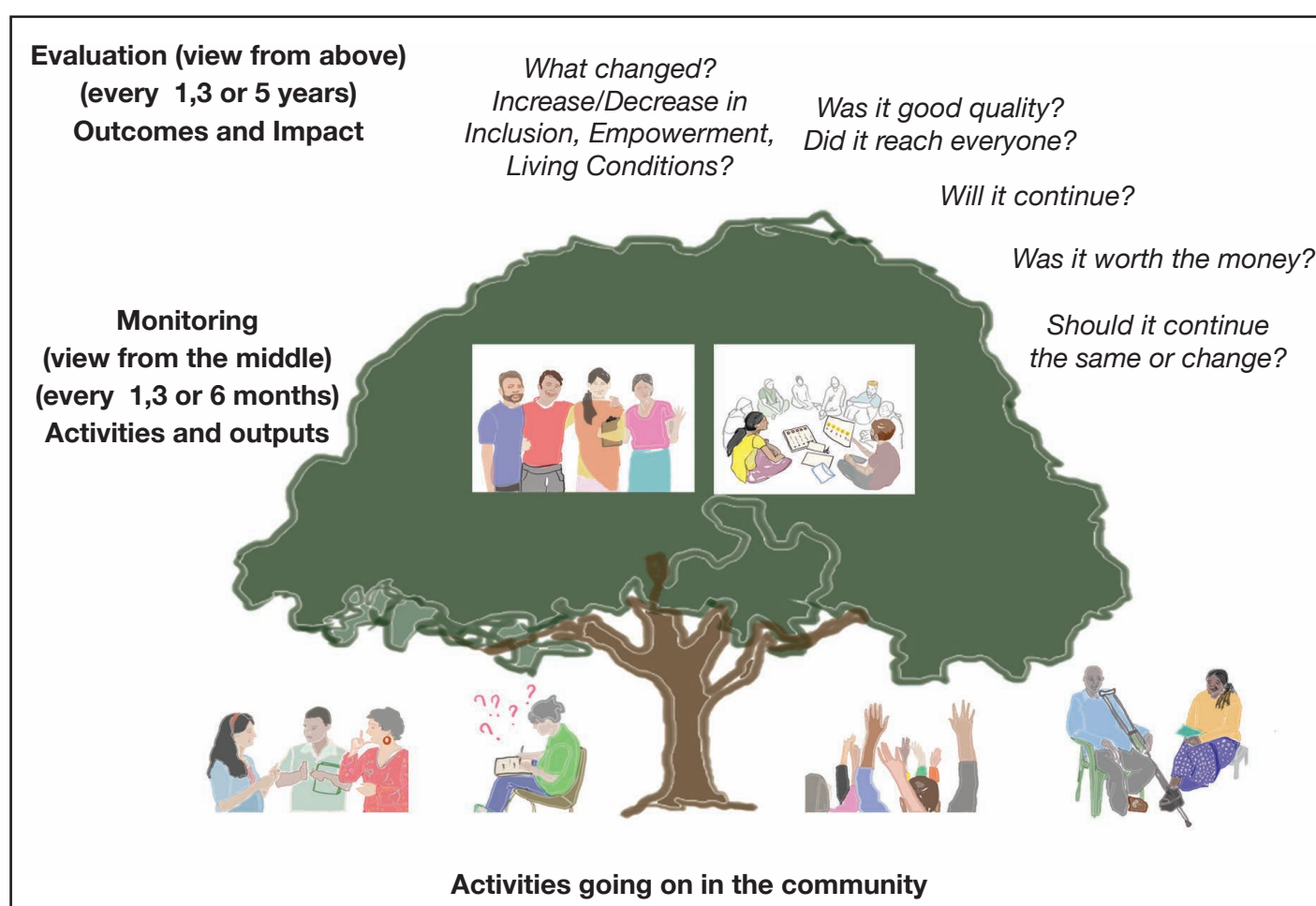
Fig 3. McNiff and Whitehead's (2006) The Action-Reflection Cycle

Links between monitoring and evaluation

A well-managed CBR programme will gather relevant information on a regular basis (monitoring data), but sometimes this can be patchy and some data may be missing. Information from reports, statistics, stories, photos etc, is helpful to the CBR core team itself for monitoring purposes, but also for any evaluation process. The monitoring data gives an account of the activities done (activities and outputs), and whether the programme is on track in the short term. It shows what is going on, by recording activities, outcomes resulting and probably how money is spent on a monthly/ quarterly and annual basis

This monitoring information feeds into a broader evaluation such as PIE which is done much less often (eg every 3-5 years). For example if routine monitoring lists activities (e.g. identification of disabled children and their referral to rehabilitation services; or training on small business or saving groups), the PIE toolkit will ask people (with disabilities and their families) about the impact these activities had on their lives in the longer term.. What small or big effect did these activities have on the people and their living conditions,

Fig 3. The relationship between monitoring and evaluation



It is sometimes easy to mix up outputs and outcomes. It can be hard to see the difference between the two. Here are 3 examples to show the difference:

1. Component: **Health** – Element: health promotion

Activity: Awareness campaign of health needs of people with disabilities delivered to Strategic Partners including PHC and INGOs in the area working on HIV/AIDS

Output: CBR volunteers conducted a workshop for health workers on information needs of disabled people related to HIV/AIDS, particularly on the risk for disabled women; networking with DPOs, INGOs and medical institutions regarding dissemination of information in different formats and media

Outcome: INGOs and medical institutions who work on HIV/AIDS now use a variety of media including large print, Braille and radio messages for information on HIV/AIDS prevention and where to go for testing with counselling and treatment; engaged a Sign Language Interpreter during public campaigns; medical institutions are training and employing disabled people as counsellors

Impact: Disabled people are confident to come forward and ask for testing and counselling; decrease in infection rate of disabled people. Increased health of disabled people and increased feeling of being included in health programmes.

2. Component: **Education** – Element: primary

Activities: Awareness campaign for parents of disabled children and community members by CBR volunteers; training of teachers in using disability adapted learning materials

Output: 6 training workshops -2 for parents, 2 for community workers, 2 for teachers were delivered. Participants reported that they had better understanding of disability and how to identify and include disabled children in school and community activities.

Outcomes: Increase in the number of children with disabilities identified, who are referred for assessments (identified who needs assistive devices like glasses, hearing aids, mobility devices), more teachers confident to teach disabled children in their class increased enrolment of disabled children in primary schools and increased support of disabled children by parents and community schools. More children getting assistive devices they need. Increased inclusion of disabled children in community events.

Impact: Higher retention rate and higher academic achievements of disabled children; increased self-confidence and motivation of disabled children. Disabled Children feel included. Parents were able to increase their working hours because children were in school and so this improved the whole family's living conditions.

3. Component: **Social** – Element: access to justice

Activity: Training workshop for police and court staff on disability rights and specific needs of disabled people in judicial processes

Output: 25 police officers and court staff have better knowledge and understanding of risks and vulnerability of disabled women and girls regarding gender-based violence and are trained in specific needs of disabled people regarding information and communication

Outcome: local court and police station employ Sign Language Interpreter to process and accompany disabled people during hearings, interviews and filing of complaints; police stations link with DPOs and develop guidelines for police officer training regarding risk of disabled people and violence, disabled people are confident to report rights violations and violence, which is followed up swiftly by police and courts

Impact: Increased self-confidence of disabled people and increased security with significant decrease of incidence of violence and abuse. Disabled people feel empowered to access justice when necessary.

The PIE Evaluation Framework

The PIE evaluation framework (see document 5a in **Section 2: Toolkit**) gives an overview of different aspects of the evaluation process, the types of data (evidence) to collect and how they relate to each other. Keep this framework continuously in mind when conducting interviews or FGDs so that it influences your discussions. Refer to it when doing the analysis and interpretation stage of the process.

The framework deliberately focuses most attention on the **IMPACT** of the CBR programme on the lives of disabled people and their families. It is based on the key areas (explained above on p. 12) of **inclusion, empowerment, and improved living conditions**.

Data collected from different sources form a comprehensive picture of the CBR programme and its impact in some or all of the five components:

Health, Education, Livelihood, Social Participation, and Empowerment.

The other focus of the framework is on criteria which are often assessed in evaluations.

- ✓ **RELEVANCE**
- ✓ **EFFICIENCY**
- ✓ **EFFECTIVENESS** (accessibility including coverage & quality including performance)
- ✓ **SUSTAINABILITY**

(for definitions see the glossary of terms at the end of the handbook)

Sometimes the same kind of information is asked from a variety of people or through different methods as a check to see if everyone agrees and if findings are valid.

The evaluation framework below explains what we seek to find out, from whom, and how the information will be analysed to establish the impact of CBR on disabled people and their families.

NB This is the summarised version of the framework. An expanded version is available **Section 2: Toolkit**.

Part 1. Impact by CBR component on the lives of People with Disabilities & their families: What impact is experienced by them or perceived by others? **Assessment criteria/performance questions:** What are positive and negative changes (IMPACTS) in the lives of PWD and their families in the past 3-5 years in relation to CBR components? (Include examples of impact on people with different types of disability, gender, age urban/ rural). Note consensus & divergent opinions among participants. What do people agree on, how and why?

Source of Information Evaluation Criteria	People with Disabilities and their families	CBR Core Team	Strategic Partners in the CBR Network	Examples of evidence to look for: (these are not the only possibilities) Changes in
Impact - Health Empowerment Inclusion: Living Conditions	Individual Interviews and FGDs with: People with Disabilities, Parents, Carers, Children with disabilities	Individual interview with CBR manager FGD with CBR Core Team 5Cs Capability (V) Document review	FGDs with different Strategic Partners in the network	Access to medicine/ assistive devices/ services/ transport/ health information, physical & impairment specific access enabling: Attitudes & Knowledge of staff, recognition of/adaptation. Consequences of knowledge and behavior; Changes in living conditions, self-esteem /changes in general <u>health status/impairment/functioning</u>
Impact - Education Empowerment Inclusion: Living conditions				Available services, school activities, clubs, non-formal learning; adapted learning materials; trained teachers & volunteers; attitudes of staff, enabling Changes in learners self-esteem & motivation, knowledge, skills, achievements, performance. education related costs eg: transport, WASH
Impact - Livelihood Empowerment Inclusion: Living conditions				Available/accessible financial services/support, IGA, micro loans, saving groups etc.Training/support; enabling: decision-making & control over income, choice self-esteem and motivation;, access to facilities, improved physical or emotional state
Impact - Social Empowerment: Inclusion: Living conditions				Participation in family and community events; interaction with community & family; awareness & respect by family/community. Self-esteem, decision-making and control over personal life, self-esteem and motivation; Changes in emotional state
Impact - Empowerment Empowerment: Inclusion: Living conditions:				Participation and representation in public life; Control over personal life Decision-making power, self-realization; self-esteem and confidence

Part 2. Other evaluation criteria related to organizational/structural aspects of the CBR programme which may explain positive or negative impacts and demonstrate contribution of the programme

<div>Source of Information</div> <div>Evaluation Criteria</div>	People with Disabilities and their families	CBR Core Team	Strategic Partners in the CBR Network	Examples of evidence to look for: Changes in
Relevance Are the right things going on?	Individual interviews FGDs with People with Disabilities Parents, Carers, Children	Individual interview with CBR manager FGD with CBR Core Team 5Cs Capability (I, III & V) Doc review	FGDs with different Strategic Partners in the network	Are the needs of disabled people/families being addressed by CBR programme and network? Is the CBR programme sufficiently adapted to the particular local context and conditions?
Efficiency Are the resources used wisely?		Individual interview with CBR manager 5C assessment (II, III)		Planning/MEL and auditing
Effectiveness Are things done well, equally for all? Quality: Accessibility: Coverage	Individual interviews FGDs with People with Disabilities Parents, Carers, Children	5C assessment (I & II) Document Review		Capacity building services (eg training/ coaching) to the CBR network, coordination of/collaboration, Quality of relationships, accessibility & adaptation examples Who is reached? By age/impairment/gender/location
Sustainability Will the service/support continue?		Individual Interview with CBR man 5C assessment (IV) Document review		Efforts at long term planning to, gain resources

C. Overview of the PIE stages

The PIE process has 7 key stages. Each stage uses a number of tasks and tools to obtain the information. There is some flexibility depending on resources (time and people), and on the context and type of CBR programme you are evaluating.

The 7 stages will be done more or less in chronological order. Stage 1 has to come first and stages 5, 6 and 7 come at the end. Stages 2, 3 and 4 can be done alongside each other or in a different order.



Fig 4. The 7 PIE stages

In the following pages you will find descriptions of each of the 7 stages of the evaluation process.

The actual forms and materials to use for each task are in **Section 2: Toolkit**. These can be photocopied or laminated to make them durable and easy to use during your evaluation process.

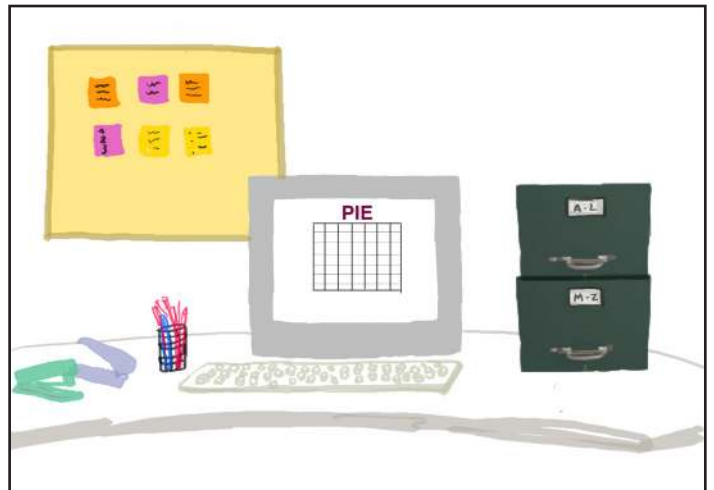
There is more background information about various approaches to evaluation in Appendix 5 in **Section 3: Appendices**.

Record Keeping and Data Management

During the PIE process you will collect many types of data (e.g. completed forms/audio recordings/videos/photos/drawings + diagrams). It is really important to keep all this in an efficient way so that it can be used easily for analysis. You can set up a system so that it is easy to identify where the data came from and to find pieces of data later on! Personal data should be kept anonymously. Put a 'data code' on each piece of data so you can trace where it came from. Agree with the team a system of labelling the pieces of data, e.g. with initials for name of programme/ type of data/ participant numbers. For example 'FGDPWD1' (then 2, 3 etc) for focus group discussions with people with disabilities number 1 , FGDSP1 (2, 3) for those with Strategic Partners, and II1 (2,3) for Individual Interviews.

Remember it is easy to collect too much information, some of which will not be of much use! It is better to collect selected information well, than lots which is not used.

Some tips to bear in mind when collecting and organising data can be found in the PIE Appendix 2.



Suggested overall time-plan for the PIE evaluation process

Day	Suggested activity
Pre fieldwork	Preliminary discussions with CBR manager about suitable dates for fieldwork (phone/email) Ensure Core Team briefed Ensure local leaders (DPOs) and officials have been informed and permissions granted
Week 1	
Day 1	<ul style="list-style-type: none"> • Team meeting with CBR manager & Core Team • Introductions to key individuals in evaluation area (eg local officials, leaders etc) • Planning of initial mapping sessions – invitations/venue
2	<ul style="list-style-type: none"> • Big mapping, timeline, stakeholder mapping • CBR manager interview, identification of documents • Planning for consultations (SPs and Indiv interviews)
3	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
4	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
5	<ul style="list-style-type: none"> • 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews Review process with CBR Manager. Plan 2nd week
Week 2	
6	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
7	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
8	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
9	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
10	• 1 or 2 FGDs (SP or PWDs) + 1 or 2 Indiv interviews
Week 3	
	• Data management and analysis
Week 4	
	<ul style="list-style-type: none"> • Data analysis > preliminary findings • Preparation of draft report & validation meeting materials • Confirm arrangements for Validation Meeting (venue/invitees)
Week 5	
	<ul style="list-style-type: none"> • Community Validation meeting • Including validation of findings, recommendations and action planning
Week 6	
	• Finalisation of report – in the light of Validation Meeting

Description of the 7 Stages of the PIE process



Stage 1

Preparation, Planning, Getting an overview: Situation analysis

This stage will take place on days 1 and 2 in the field. The aim is to have a basic understanding about the area and what is happening there in order to plan the evaluation and decide who should be consulted.

The Big Mapping exercise, timeline, document review, and stakeholder mapping provide important background information about the area where the CBR programme is working, details about local facilities and about the population, and an overview of what the programme is doing and with whom.

This information is collected in a participatory way using 3 different activities (1a, 1b, 1c), so that local experts can recommend who should be consulted. You will also look at any available documents such as monitoring statistics, reports etc (1d). You will then make a plan for the evaluation using a form to ensure this is systematic and well organised (1e).

The tasks and their tools are:

- Initial meeting with key Core Team members to explain the process and plan activities
 - 1a Big mapping of local area
 - 1b Timeline of disability and CBR activities
 - 1c Stakeholder Mapping (of Strategic Partners and other community stakeholders and types of beneficiaries)
 - 1d Document review
 - 1e Planning for consultations

On the first day (or sometimes in advance) the evaluators will meet the CBR manager and the Core Team members in order to introduce themselves and to explain the process of the evaluation. They will discuss transport arrangements, office space and meeting venues, who will be involved in mobilising participants, meetings with any local officials or dignitaries and key people with disabilities leaders/DPOs etc. They will plan together for the participatory activities on day 2.

1a Big Mapping

The first tool aims to collect as much background information on the local area and the CBR programme as possible by asking key people to make a map together on a large piece of paper, drawing on their local knowledge. The 'conceptual' map (almost like a cartoon) shows physical features, landmarks, facilities, important places and other relevant features as they are seen by the local key people. It is a participatory process involving the CBR core team, key people in the community including some people with disabilities who are in leadership roles, and probably one or two local government officials. The process of developing and drawing the map is as important as the map itself, because it clarifies values and perceptions of the people involved and how they perceive and experience CBR and their environment.

The information from the map is used to help decide who should be consulted in the following evaluation activities. Take a photograph of the finished map. The mapping leads on to more detailed discussion in the activities that follow, making a Timeline (1b) and identifying the CBR network of Strategic Partners and other community stakeholders (1c).

1b Timeline

The second tool is best done in the same session with the same group of people as the Big Mapping. It leads to a more detailed discussion about what activities related to disability and the CBR programme have happened over the past 10 years or so. The Timeline is organised on a large chart, using cards organised chronologically to show key events and annotated with comments and symbols to show their importance and the influence they had. Take a photo of the finished Timeline.

1c Stakeholder Mapping

With the same group, on the same day, you make a diagram of the programme's **Strategic Partners (SPs)**, other community stakeholders and groups of beneficiaries. It will show who participants think are the key stakeholders, how they are related or to each other and to the CBR programme core team. The organisations/groups they identify as the key ones who make up the **CBR network**. This helps the evaluation team in choosing who to consult during the evaluation. Take a photo of the map.

1d Document Review

The evaluation team needs to see a range of key documents about reported CBR activities in the last 3-5 years (1 year for short version). This document review complements the other parts of stage 1. Important statistics and monitoring data about activities help provide an overview of the CBR programme and its context. There may also be essential information about costs and resource allocation, which will help assess efficiency and later, in combination with all other findings, determine the overall success of the programme and give a sense of its sustainability.

Using information collected with tools 1a, 1b and 1c

The information from these three participatory tools, the discussion around them, and from the key documents (1d) are summarised in the initial sections of the evaluation report (see 7a report guidelines). Photos of the map, timeline and stakeholder mapping can be included in the report.

1e Planning for consultations

Now you have a lot of information about the local area, what the CBR programme is doing with whom, and who the main groups/organisations are in the community. You need to plan consultations with a range of these stakeholders (not all!), through focus group discussions (FGDs) and also individual interviews with some people with disabilities.

Use the info from Stage 1 to decide which Strategic Partners (SPs) are important, and which categories of people with disabilities and their carers/families are targeted by the CBR programme. Which groups of people with disabilities can be found in Disabled People's Organisations (DPOs) or Self Help Groups (SHGs), or could be brought together specially for this evaluation.

Planning to talk to the Core Team

You need to arrange times to do:

- Interview the CBR manager (Tool 2b)
- FGD with Core team of CBR workers/volunteers (adapted Tool 2b)
- 5Cs capability assessment – probably with the core team or possibly a district team or INGO team if appropriate (Tool 2a)

It is preferable to do these during the first week, giving you an overview of what the CBR core team think they are doing, before you ask others.

Planning for Focus Group Discussions (Strategic Partners and groups of People with disabilities/parents)

The number of partners/groups that you can include in the process depends on a number of factors, including the size of the CBR programme, geographical coverage, your budget, and time available for the evaluation.

As a minimum, try to meet **4-5 strategic partner groups**, and **4-5 disability groups**. Each group should be made up of people who have a similar role or situation e.g. a group of parents, youth, Disabled People's organisations' or Self-Help Groups' leaders/members, or particular service providers like hospital/primary health care staff, rehabilitation workers, teachers, or community groups like faith leaders.

The people in a group need to have similar experiences so that they can discuss easily together. You might want to have separate disabled women's and men's FGDs to hear about their specific experiences from a gender perspective, and separate groups of elders, youth and children to hear about their experience from an age-specific perspective. Younger and older children should probably be in separate groups: for example 8-11 year olds in one group and 12-18 year olds in a separate group).

(More detailed information about how to run focus group discussions, see Appendix 3)

Planning for Individual Interviews - Who to talk to?

When identifying disabled people for individual interviews, try to get a good cross-section from each of the following categories: child, older person, adults who are working and not working, and parents of disabled children. You need to talk to men and women and with a cross-section of impairment types (e.g. physical/mobility, visual, hearing, cognitive, mental health, profound/complex needs and others such as chronic illness, epilepsy, albinism).

Other factors to consider are level of education, religion, location (e.g. rural/urban, remote/ central). You probably won't be able to interview the whole range of people, but should aim for a wide range.

You need to make a big effort to talk to very marginalised people such as those with communication/cognitive or mental health difficulties, those from excluded ethnic or tribal minorities, and those in remote places. It is essential that you also talk to some families with disabled people especially if they are the carers .

The minimum recommended number of individual interviews with people with disabilities/parents and carers is 15-20. If time and budget allows, 30 interviews would be the maximum, aiming for 15 male, 15 female.

Because of time and resource limitations you cannot talk to everybody! You need to use 'purposive sampling'. This means you need to use local contacts (e.g. local leaders, not necessarily the CBR team) to choose a variety of people and opinions. This does not mean choosing the most famous or easiest-to-contact people!

The CBR manager or the DPO may have a detailed lists of members/ participants/beneficiaries from which to select people with a variety of impairments, ages, sex and circumstances (education, belief, employment). That is, you could choose one person at random from each type of impairment (deaf/blind/physically disabled) categories, and so on.

Alternatively or additionally, you may have to rely on the CBR manager's knowledge of participants and use the **snowball sampling** technique to find disabled people who are less likely be included. Starting from the people suggested by the CBR manager, ask these people if they know of other disabled people with a specific impairment or who live in more remote areas or who have less involvement in the programme.. Ideally, it is good to talk with people who have little or no involvement with CBR as well as those who are very active. (For more detailed information about how to hold individual interviews, see Appendix 3)

The consultation planning form 1e will help you to sample and document participants for both FGD and individual interviews. The form helps you to see where there are gaps in your sampling plan.

Practicalities of planning

Once you have a clear plan of who you want to consult, the evaluation team need to:

- Get approval and collaboration from key leaders and officials in the evaluation area (you or the CBR manager should have already had preliminary introductions and discussion with these people before starting the evaluation)
- Confirm suitable accessible venues, times and dates of meetings with groups and individuals
- Get signed consent from parents to consult with children (sample consent form 4e)
- With the Core Team make arrangements for any special requirements such as sign language interpreters or other assistance
- Get signed consent from participants for taking videos/photos after explaining how these may be used with their permission (eg in the report, in presentations) (4e)

Daily planning

In practice you can probably do a maximum of 3 Focus groups per day or about 5 interviews or some combination of the two (eg 1 FGD and 2 interviews in a morning or afternoon). It is important to pre-arrange these to ensure that participants are available and you need to leave enough time for travel to and from interviews.

It is crucial to build in time to organise data, write up notes and to debrief with colleagues after an event. This will assist you in data analysis later on. You will also need time to make logistical arrangements for the next events. Do not be tempted to squeeze in an extra interview when you don't really have time, as this will reduce the quality of what you do and may leave the interviewee feeling frustrated or insulted because you have rushed them.



Stage 2 CBR Core Team perspectives

Stage 2 focuses on the **CBR manager** and the **Core CBR team** and ideally is done on day 3.

The aim is to gather information about the capacity of the CBR core team and how they perceive their work. The structure of the team will vary: the CBR manager, specifically employed staff, volunteers, or a district/community team or an NGO team. You will be exploring with them their organisational capacities, the management structure, how relationships work in the programme, perceptions of activity, impact and coverage of the interventions, and how inclusive their work is.

There are three tasks to gather the information:

- 5 Capabilities Tool – Core Team self-assessment (Form 2a)
- Individual interview with CBR managers or similar officer who is leading on CBR (Form 2b)
- FGD with the CBR core team (Form 2b) (if relevant – depends who is in the team)

You will have found out who the CBR lead person is and who the Core CBR team is. If a specifically employed team is in place, the 5C assessment will be a facilitated session done with that team. If there is only one CBR lead person then the 5C assessment may be conducted with him/her alone or with their group of collaborators or volunteers. However, in the report it will be necessary to describe the management structure of the programme so that the 5 capabilities are evaluated in its context. An organogram is a good way to represent who is involved.

A Stage 5 worksheet provides the format to summarize and analyse the findings from 2b





Stage 3 **Listening to Groups of Strategic Partners**

Stage 3 can be spread over a 1-2-week period and collects the views of the CBR network of Strategic Partners on their work on disability issues (**Form 3a**)

Strategic Partners are those organisations that work together with the CBR Core team to change policy and practice for people with disabilities locally. They can be government agencies, NGOs or INGOs, DPOs, women's groups, etc. You need to find out:

- How much and in which way they are involved in disability related work?
- Their relationship/collaboration with the CBR Core Team and programme?
- Their perceptions of the CBR Core Team and the programme's performance?
- Their perception of how the programme is being implemented and to what effect?
- How well does the CBR network function? Do they feel part of a network of services and organisations (e.g. links, collaborations, sharing information, referral to each other, joint planning)?
- How they perceive the quality and access of services under "their" CBR component/s
- What kind of support (training/ coaching/supportive monitoring/financial support) do they receive from the CBR programme? And what more could be done?
- What impact their work is having on people with disabilities lives (and their families)?
- How do they include people with disabilities themselves in the organisation of their work?
- What they perceive as the barriers/facilitators to doing more with people with disabilities?
- Their recommendations for changes in the future – particularly what THEY could do differently?

From the Big Mapping and Timeline exercises you identified the main components (columns) and elements (boxes) of the CBR matrix that the Strategic Partners are working on – these that need to be explored. They may work in just one component, or several!

Form 3a provides the format for a discussion with Strategic Partners. The questions encourage feedback and discussion around the quality of the CBR programme and how the Strategic Partners see their work.

The questions relate to the different criteria in the Evaluation Framework. However, it is important to use the topic guides flexibly, and questions do not have to be asked in chronological order. It is possible that some topics will get covered in the flow of the discussion and give you the response before asking.

Because the interview format is the same for the different stakeholders, the questions need to be used flexibly depending on what kind of group or organisation they are and what kind of work and activities they do (eg if a group of teachers – ask about what happens in their schools, if business people – ask about what happens in the business setting)

There are also opportunities for the group to rate quality. Use the ‘smiley faces’ sheet in the Toolkit, representing 5 different levels of satisfaction or degrees of impact. You can ask the group to rate together, or you can ask them to rate individually and then try to find consensus in a group rating. It will depend on the interactive dynamics of the group. Record carefully what they rated and how (individually or group).

Community stakeholders do not have a direct and active link with the CBR programme, but may have interest in the programme from a general community development point of view. If you have the time, resources and want to do an in-depth evaluation, FGDs with other community stakeholders can be included. Such stakeholders may include people with disabilities in their work, but not in a deliberate programmed way. For instance a church or mosque might be welcoming disabled people without focussing on them particularly and have not had any particular contact with the CBR programme or Core Team.

Focus Group Discussions are normally done with a group of people from different organisations who are doing similar work. Alternatively, they could be members of a single organisation (e.g. maybe staff from local health facility, or a disability rehabilitation centre, an INGO or special school). There are detailed instructions about running Focus Group Discussions in Appendix 3.

A Stage 5 analysis summary sheet for all 3a data structures how you will summarize the responses from all of the (3a) Strategic Partner focus group discussions. It will bring out the main findings of all the groups for each relevant CBR component and in relation to the principles that are assessed in the evaluation framework (**relevance, effectiveness, efficiency, sustainability**). You should be able to see similarities and differences between the different groups' discussions and also make comparisons with what the Core Team and people with disabilities themselves said.



Stage 4

Listening to people with disabilities & carers in individual interviews and in focus group discussions

During this stage you use two tools to enable people with disabilities and their families/carers to have their say and share their experiences of the CBR programme and its impact on their own/their children's lives. **This is the most important data you will collect.**

You will carry out about 15- 20 semi-structured individual interviews (4a) with a range of people with disabilities and their families (including parents of disabled children, and carers).

When deciding who to interview individually (sampling) summarise the information you have about possible participants using the planning form 1e about Planning for Consultations. This will help you to have an overview of whether you have identified a good range of types of people and where there are gaps, who else you need to find and invite? (see pages 32-33).

You will also hold 4-5 FGDs (4b) with groups of people with disabilities or parents/carers, and ideally with 1 or 2 groups of disabled youth or children (4c).

The advantage of **individual interviews** is that you get in-depth personal views. You gain a detailed understanding of how people with disabilities experience things in the community and what access they have to services and support. How have their lives changed or been affected by services and by responses to them in the community? What has been positive or negative about the programme and how have things changed in the last 3-5 years?

The advantage of **group discussions** is that people share ideas and respond to each other's contributions and so may generate richer information in a short time. Some people feel more confident to speak when they are in a group. If someone wants to bring along a relative, friend or assistant to support them in the group discussion of course this is fine. However you should try to make sure it is the person with disabilities' views that are being expressed not those of their companion.

During individual interviews or FGDs there may be an opportunity to ask people for specific **stories**. These can be about positive or negative changes that people have experienced, and it is important to try to establish whether they think these changes are because of the CBR programme specifically or not. Sometimes people will tell a powerful story which illustrates an important aspect of what has worked well or not for them. These can provide useful evidence about what is going on both in the community generally and also specifically as result of CBR activities.

Stories should be recorded carefully in the person's voice (e.g. 'I went for training', 'a new toilet was built which I can get into easily'). Keep plenty of the detail of the story and emotions that are expressed. Write down the story on the special story form 4d. You should also ask the person the questions at the end of the story form about whether they regard it as a negative or positive story. Ask them whether they think this situation will continue and whether CBR activities had any influence or effect on what happened.

The following forms give you a structure for the individual interviews and FGDs with people with disabilities:

- **Form 4a** Individual interviews with people with disabilities or parents/carers
- **Form 4b** for Focus groups discussions with people with disabilities or parents/carers
- **Form 4c** Focus group activities for groups of disabled children and youth

Use the photo pictures (in Toolkit) for the 5 matrix components to help identify available and desirable services and activities which may be available locally with or without the support of the CBR programme. The pictures are to help people think about what might be available. The pictures may not look exactly like the local situation, but hopefully they will stimulate discussion. You need to emphasise that not all these activities (elements of the matrix) may be relevant in the area. They are more to stimulate people's memories and ideas than a checklist. You do not need to explain the CBR matrix to the participants.

Use the cards with the smiley faces to ask participants to rate their satisfaction with services they recognise. Again this is to help them decide how they feel in a concrete way. Note down any discussion as well as the ratings. You will be able to plot the ratings on a graph and **compare** them with how the CBR manager and the Strategic partners have rated the quality and access of the services (see guidance about doing this in the toolkit 7a Guidance about writing the report).

The focus during group discussion with disabled children (4c) aims to find out about the **impact** of health, education, social and empowerment activities locally on children, as appropriate for their age and also about **effectiveness** – quality and access of services as they have experienced it.

Additionally, the children may have recommendations about what would make their lives better. Children's ability to understand what they need and to express their ideas is often underestimated. However it is also important that you do not unrealistically raise expectations about change that may not happen to them. Take photos of the drawings/brainstorms/charts made by children, as some of them could be included in the report.

Once you have completed the interviews and FGDs with adults, children and families you need to use all your notes and recordings to summarise the information in the Stage 5 analysis summary excel worksheets for 4a and 4b (nb. The data from the FGD with children with disabilities (tool 4c) is integrated into the worksheet for 4b, but not all pages and section are relevant for children).

Making the evaluation process accessible to people with different impairments and needs

When planning your interviews and focus groups make sure no-one is excluded because their access needs have not been planned for. Everyone who wants to join in should be welcomed and treated equally. Some people will need extra arrangements and adaptations to allow this to happen. For example for people with:

Hearing impairment – book a sign language interpreter in advance if necessary and make sure that this person speaks and understands the right language. Brief the sign language interpreter so that s/he knows what is going to happen. Also think about having a quiet room, with good lighting so that the deaf person can lip read. Speak at your normal speed and volume. Do not shout or talk very slowly, this distorts what you say and makes it more difficult for the person to understand you talking. Some deaf people may find looking at pictures, or written information useful. You can write things down for them and/or you can give them a pen and paper so that they can write things for you.

Communication and cognitive impairment – some people have difficulties either with understanding talk or talking clearly themselves or both. However they still have things to say. Give them extra time to understand or to say things. Use simple sign language, gestures, pictures, symbols or writing. Some people need things said slowly or repeated but be careful not to patronise them or treat adults or youth as if they are children. Giving people choices supported by a visual image to point to (such as a tick ✓ or cross X and don't know ?, or using the smiley faces) can be useful. Eg: 'how do you feel about the treatment you get at the health centre?' Good ✓, not good X, not sure ?

Visual impairment – If you are using visual materials with others in a group, remember to describe these to the visual impaired person. Tell them what is going on, including who is in the room and what everyone is doing. Eg we are looking at a grid on the flipchart. We have listed all the services people know about down the side and now we are rating in each row what we think of them. So we have Very good, good, okay, bad, very bad along the top. Or if you are using the photos or the smiley faces also describe these. With children you could design an activity with objects to include the blind child. Eg let's all put a stone in this box if we like X or in this box over here if we don't like it. Do not treat blind people as if they cannot understand. Remember to talk to the blind person directly rather than to their assistant unless the blind person specifically asks you to.

Social/behavioural/emotional difficulties – People with these difficulties may want to bring a friend/assistant to support them but you should still talk mainly to the person and ask them questions directly. Some people may be very shy or anxious or easily upset. It is good to use a friendly, straightforward and respectful attitude and show that you take their concerns and experiences seriously, even if they give you answers in a strange or unusual way. They may need a lot of reassurance in order to participate. You should make it clear that everyone's contribution is welcome.

Physical/mobility impairments – Make sure that there is easy access to the space you are using. For example choose somewhere that has a ramp and preferably some handrails and smooth ground with no obstacles, as well as an accessible toilet nearby. Provide human physical support and time for someone who moves slowly to get settled. Provide supportive chairs and sufficient space for people using big equipment such as wheelchairs, bikes etc.

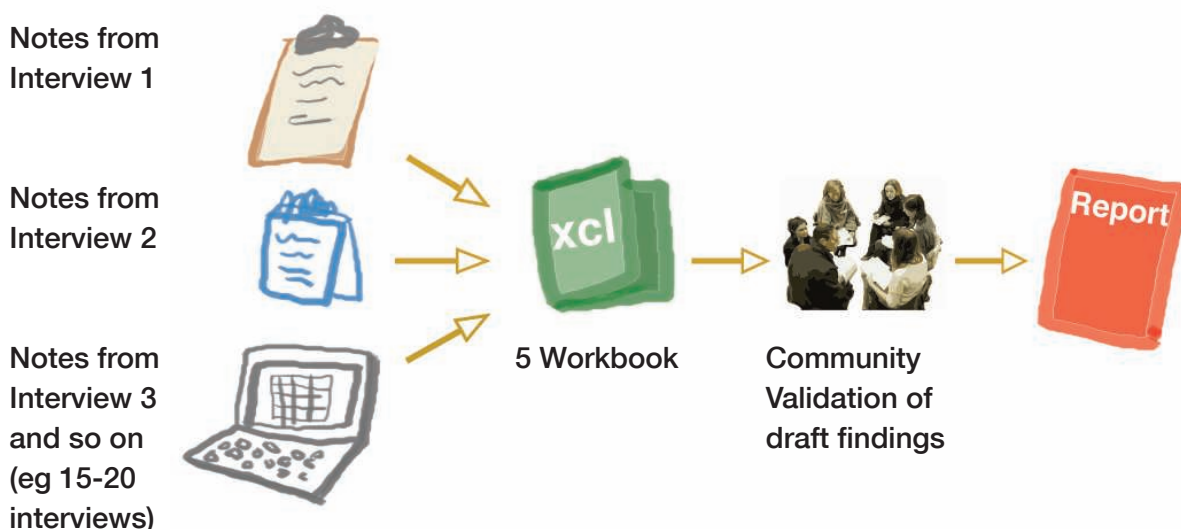


Stage 5

Initial analysis: Data summaries and preliminary findings

Now you need to pull all the data together in order to prepare a draft report, so that you can present the findings to the validation meeting in the community and lastly to write the final report.

Eg. With Individual interviews with People with Disabilities (4a)



The initial analysis aims to represent accurately the range of views expressed and to retain examples and explanations, which show what people said and why. However, you cannot include everything! You have to **summarise**!

The Stage 5 excell workbooks have been designed to help you organise and analyse your data according to the Evaluation Framework so you should have data on **IMPACT** across the relevant CBR matrix components, and also information on **relevance, efficiency, effectiveness and sustainability**.

The Stage 5 excel workbooks tools are:

- 1d – Document review summary
- 5 analysis summary of 2b Interview with CBR manager and/or FGD with Core CBR team
- 5 analysis summary for all 3a FGDs with Strategic Partners
- 5 analysis summary of all 4a individual interviews with people with disabilities
- 5 analysis summary of all 4b and 4c FGDs with people with disabilities/ parents/carers and children
- 5 Drawing Spider diagrams from the 2a capabilities exercise

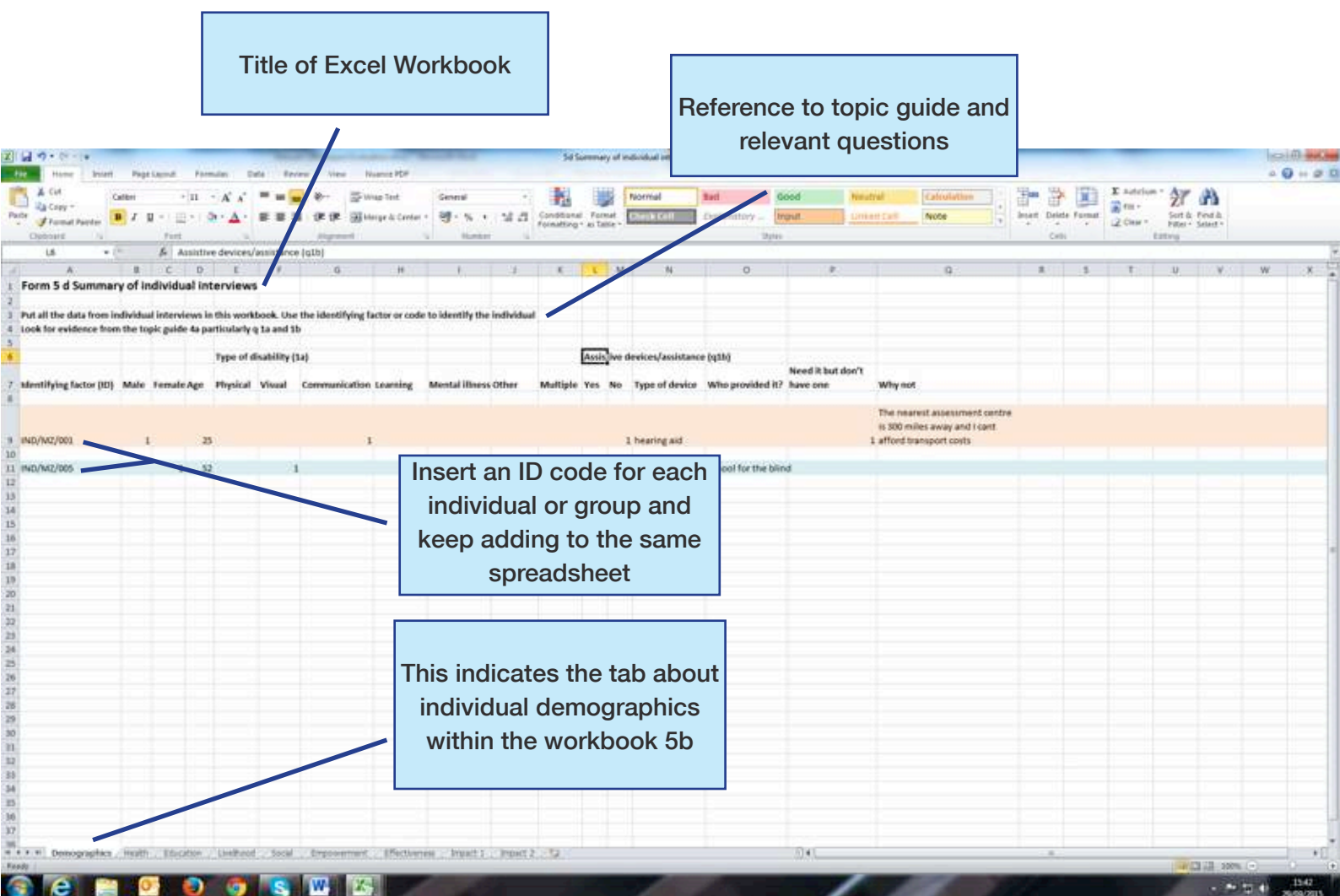
Each workbook contains a number of worksheets/tabs that relate to the different criteria of the Evaluation Framework. E.g. sometimes there will be a tab for each of the five components of the CBR matrix and/or a tab for each of the other criteria: Effectiveness, Efficiency, Relevance and Sustainability. At the top of each worksheet or tab you will find references to the relevant topic guides (used to get the data) and in particular which questions/answers to look at to find evidence for that evaluation criteria.

For example in analysis summary of 4a individual interviews, in the tab about demographics it suggests you look at your notes with reference to questions 1a and 1b which ask about the person's personal characteristics and situation.

For the tab 'effectiveness in Health' the relevant questions are 2a, 3a, 3b 4a, 4b. Some data will clearly fit under these headings, for other information it may not be so clear where to put the information. However, use your own judgement about where you feel the data fits best.

Make sure you insert a **user code** to identify the individual (eg II 2 – Individual interview number 2) or group (FGDPWD 3 – Focus group discussion with people with disabilities number 3) that the evidence relates to in the left hand column. Then keep adding more user codes and their data below so that you have all the relevant data on the same spread sheet. This will make it easier to analyse the data for your report. You be able to see all the responses from different people to the same questions on one sheet.

Fig. 5



Some of the worksheets prompt you to make your own summary judgements of the findings and to start thinking about recommendations as you go along; however it is really important that you first enter the raw data in the cells of the worksheets as real quotations spoken by the people being interviewed.

Fig. 6

The work sheet tells you which tool was used and which questions to look at to find the relevant data

Using the ID codes you can add any number of individuals/groups onto the same worksheet

Total refers to how many interviewees had access/used this particular service eg health promotion?

Enter raw data as quotations from the interviews

This worksheet/tab is about availability and use of health services

Form 5 d Summary of individual interview							
Look for evidence about Health from the topic guide 4a (q2a, 2b, 2c, 2d, 2e, 2f, 2g and 2h)							
	(addrows as necessary)	Use it (Yes)	Do you get what you need from this service?	Who provides this service?	Is it easy to access this service?	Not using it (No)	Why not?
Identifying Fast Health Elements: Promotion							
INDM20001		Yes	Partly	Local Health centre	It is not that easy despite the CBR programme is asking other health assistants to sign language they don't know the basics and it is very difficult for them to communicate with me. We have to get by with writing and then they assist me.		I think the health officers try
TOTAL Prevention							
TOTAL Medical care							
INDM20001		Yes	Partly	Local Health centre	It is not that easy despite the CBR programme is asking other health assistants to sign language they don't know the basics and it is very difficult for them to communicate with me. We have to get by with writing and then they assist me.		I think the health officers try
TOTAL Rehab services							
INDM20005		Yes	Yes I stayed at the rehab centre for a month and they taught me how to use the white cane, how to get dressed and look after myself even how to cook. They started to teach me how to read Braille but I didn't want to.	The mission hospital	It was so. The CBR programme referred me and when it was my turn they paid for my transport and the rehab is free.	No	
TOTAL Assistive devices							
INDM20001					There is a Dept of Health in Kwarangs		no. I don't know how it is for people with other disabilities but there seems to be very few rehab centres close to where I stay
TOTAL							
TOTAL USING HEALTH SERVICES							

When analysing the data you need to sort the evidence you have collected so that it relates to the criteria in the different sections of the **Evaluation Framework**.

Especially, you need to focus on the **Impact** of the CBR programme; that is the significance of changes in disabled people's lives under each CBR component (Health, Education, Livelihood, Social, Empowerment) and in particular related to the three core aspects of impact.

- **Empowerment** (people with disabilities knowing their rights, increased self-esteem and optimism, control over the future and ability to make decisions and choices)

- **Inclusion** (people with disabilities gaining access, feeling welcome and respected by others etc)
- **Living conditions** (people with disabilities and families feeling more at ease with everyday life and on a practical level having better health, better income, greater stability.

Example:

A young person describes a significant change in their life about **education**. He says that because the CBR programme ran a series of awareness raising interventions with the teachers at a local school and with local parents, he is now enrolled at school.

How did this intervention have an impact on the young person's life?

Inclusion – the young person now feels like everyone else, they have a new circle of friends, find they have things in common with friends and is invited out more, they even feel their role in the family has changed, as his brothers are asking him opinions on things and listening to him more. He is part of the gang!

Empowerment - The young person had more self-confidence, was starting to try new things, going to new places, having new dreams about the future and questioning things around him.

Living conditions - He felt important because he now had a school uniform and bag and his uncle had bought him some good shoes.

The other important data to analyse is the organisational/structural aspects of the CBR programme.

These are:

- **Relevance**
- **Effectiveness** (with specific interest in **quality** and **access**)
- **Efficiency**
- **Sustainability**

Example (continuing from young person above):

It would appear that for this individual that the intervention carried out in the education component was relevant and effective; but hearing other people's perspectives about this intervention will give you further evidence to the effectiveness of the programme.

Did other disabled young people benefit from this intervention or only certain groups of young people (access to education)?

Perhaps others were enrolled in the school but the school did not meet all of their special needs? (access)

Perhaps the interventions aiming to train the teachers was only very basic and the teachers still did not feel equipped to teach all children with disabilities (therefore the **quality** of teaching was not optimal for all)?

Perhaps the intervention was a long time ago and teachers have since moved on and the rate of enrolment for disabled children has dropped off again (sustainability)?

It is important to analyse the different stakeholders' viewpoints against the evaluation criteria to get a full picture of the impact of the programme.

Continuing Example 1. Education:

According to the list of schools received from the district planner the 6 Special needs schools are 1.5% of all primary schools in the district. **[(Original source of information: Document review (form 1d); interview with CBR manager (form 2b))]**

Increased access to education was affirmed by a teacher in the FGD. She said the situation is much better than years ago when there was no SNE service at all. **[Original source of information: FGD teachers (form 3a) Summarised in workbook. Relevance, Effectiveness]**

Many children were positive about their enrolment:

- *I did not know sign language. I was at home before. At school I was taught SignLanguage and given skills to care for myself and now I am confident.* Deaf Youth Individual Interview
- *Being in school because of the programme. I never knew that I am also a person like others. I am able to speak English and I am hoping for a better future.* Blind S4 youth Individual interview

[Original source: FGD with youth (form 4b). Summarised in workbook. Education page: positive change – increased skills and confidence Inclusion page: positive change. Social page – positive change. Empowerment Page – positive change –feeling like others]

Similarly, in the Focus group for SNE, teachers noted that co-curricular activities built the confidence of CWDs even if they were weak academically. **[Original source: FGD teachers (form 3a). Summarised in workbook. Impact: positive change in Empowerment and Inclusion]**

Reporting both individual examples but also looking for agreement and disagreement between people

People have different experiences and much of the information is based on personal feelings/perceptions that may differ in meaning and significance from one person or group to the next. It is therefore important to note where there is consensus and where there are differences in experience and opinions. You need to reflect on the richness of information coming from the interviews and discussions, but also should cross-reference data and make links so that you can draw overall conclusions and recommendations.

Example 2: Excerpt from a report under: V Findings

Impact: Social

Inclusion has certainly not been a shared experience

For example the only girl with intellectual disability who was in the children's FGD said she is still discriminated against, teased and fears going to the market because of the boys there. She said in the health facilities nurses ignore her.

[Original source: FGD with CWD (form 4c)

Summarised in workbook

Health, Inclusion, Effectiveness – quality/access]

It was further mentioned that some community members do not want their other children to interact with CWDs, one of the parents reported that:

My child dribbles and even my other children cannot play with him or share the same plate with him, they feel the plate is contaminated.

[Original source:

FGD parents (form 4b)

Summarised on workbook

Social – negative or no changes in Living conditions or Inclusion]

At the same time, respondents also mentioned the acceptance of the community. Many children gave examples of how they are accepted by peers, are no longer teased and laughed at and they have friends.

[Original source:

FGD CWD (form 4c)

Summary:

Social – positive change in Inclusion, Empowerment]

Reporting recommendations

Disabled people and their families are not only providers of information, they should also be asked for their recommendations as part of the conversation they have in interviews or group discussions. Disabled people should ideally be part of the process of planning for future changes. Their **recommendations** need to be clearly identified in the analysis, revisited during the validation meeting and also be part of the final report.

Finally, based on your findings remember to consider the efficiency of the CBR programme. What were the costs; how much did the programme get out in relation to what was put in, and were the achievements reached? The PIE evaluation does not do a full economic evaluation, but you can get a sense of whether the Core Team and network of Strategic Partners feel that they are using the available resources in the best way possible.

It is the programme's responsibility to deliver activities that are of most value to those who are intended to benefit from it. The CBR core team (and possibly the network – depending on the way things are organised) is accountable to those beneficiaries as well as to the funders. Their views about whether resources were used well are important. Ideally, beneficiaries should also be involved in identifying where costs can be saved or resources allocated differently to achieve a higher impact



Stage 6

Community meeting: validation of the findings and future planning

Now that you have summarized and analysed all the different pieces of information, you need to draw the first preliminary conclusions. These conclusions will be shared at the validation meeting, with people with disabilities, their families, Strategic Partners and any of other key individuals who contributed. Other members of the community who are interested or have important roles will also be invited. Tool 6a is the suggested format for the meeting. Briefly it will be:

- Presentation by the evaluator(s)
- Exercises and group work to generate reflection
- Recommendations and action

The Validation meeting is partly about sharing your findings about:

- Where the CBR programme is having its most positive impact?
- What needs and which people are not being addressed
- What is going well and what needs to be improved or changed

However, for accountability and transparency it is also important to 'validate' your findings with the community. This means finding out if everyone recognises what you have found out and agrees with the picture that is emerging.

The meeting gives participants and partners the opportunity to comment, to agree or disagree, to discuss possible changes to the CBR programme, propose new initiatives, and plan actions (that they can do) in the light of the findings.

Plan and prepare well for this meeting so that all different groups and participants have a good understanding of the findings and can participate meaningfully. This will help you to finalise the report for external sharing, internal learning and future planning.

(For more information about facilitating groups, see Appendix 3)

There are many different approaches and tools for running community meetings/consultation. This handbook suggests an initial structured presentation about the main findings, followed by participatory activities. These involve people discussing the findings in groups and then making their recommendations. Finally, the meeting needs to agree on some plans for the short and long term future. Who is going to do what and by when?

For more ideas about creative group consultations see the guidelines about running the meeting : **Tool 6a**

Whichever methodology you choose, the meeting **must**:

➤ **Present the findings** in a clear way so that everyone (no matter the educational background or impairment) can understand it.

➤ **Give plenty of opportunities for interactive feedback from all participants** and for discussions around the findings, their meaning, significance and whether they 'ring true'. Again, it will be very important to find ways that allow everyone to participate equally. People are usually more comfortable discussing in small groups rather than in one big group.

➤ **Generate broad recommendations about what needs to change**, which may include the confirmation or rephrasing of original (or previous) aims and objectives or setting them for the first time

➤ **Set goals for action for various time points in the future** e.g. short term (eg within 6 months, (medium – within 1 year), and long-term (within 3 or 5 years). If there have been no aims before this is the time to start setting out some.

These goals need to **'SMART'**:

- ✓ **Specific**
- ✓ **Measurable**
- ✓ **Agreed**
- ✓ **Realistic**
- ✓ **Time limited**

This means that the action needs to be focussed on exactly who needs to do what and by when and also how everyone will know whether it has been achieved. Goals should be set by the people who are going to make the change.

Example:

The education team agree that they will learn more about disability and increase their enrolment of disabled children.

This is their very general goal. They could improve it by making it SMART and splitting it up into separate parts:

- The education team (headteachers of all primary schools and District education officer) will arrange a day of training on disability and inclusive education within the next 6 months (in collaboration with CBR core team)
- Each headteacher will arrange a day of training on disability and inclusive education for his/her school staff within 9 months
- The education team will look at national guidelines on enrolling disabled children and produce a local action plan about how to implement this within the next year
- All primary schools will have increased their enrolment of disabled children within 2 years.

Keep a record of the validation meeting (using 6b form) with notes on the content of discussions, feedback and recommendations and also on how the process went. You can then incorporate some of this in the final report (eg you could add in the appendix a record of who attended)



Stage 7

Summarising, presenting and reporting the PIE evaluation findings

Finally you are at the stage to produce a report that reflects the findings accurately and retains both quantitative and qualitative data, including real quotes from participants. The aim is to provide an overview of the evaluation process, of detailed and summarised findings, and conclusions and recommendations and an action plan which specifies who is going to do what to bring about change.

The evaluation report may be written for the CBR programme itself, for the community and or also for outside agencies such as donors who may have commissioned the evaluation.

Form 7a gives you a suggested format for the report. However of course you should use it flexibly according to the needs of the specific setting and type of programme you are reporting on, and the data you have collected. The final report should include commentary on the findings, as you present them, recommendations, and an action plan, which came out of the validation meeting. (You can prepare a draft of the report before the meeting but the final version will need to be written after it).

The terms of reference (TOR) written by the organisation or institution who commissioned the evaluation might dictate the format or structure of the report, including a page limit.

It is valuable to use visual examples such as maps, drawings, some photos and of course real quotes from people. These types of data bring the evaluation to life and are often looked at more than a lot of dense looking writing. Quotes should be acknowledged with the type of participant not their name (e.g. visually impaired woman, CBR core team member, PHC nurse etc.)

The format (7a) suggests the following structure and headings:

I	Title page
II	Executive summary
III	Introduction (to the locality and the CBR programme)
IV	Methodology
V	Findings (Narrative summary overview, Detailed sections about each aspect of the Evaluation Framework, firstly on IMPACT , then the organisational/structural aspects: Relevance, Efficiency, Effectiveness, Sustainability (mentioning specific examples from CBR matrix component as examples were appropriate. This section will incorporate the feedback from the validation meeting as well.
VI	Conclusion: headline findings, impact, overview of strengths and gaps in the programme
VII	Overall recommendations
VIII	Action Plans for future
IX	Appendices

Qualitative data can express very important and strong messages well. Try to provide some summarised information and some specific examples. Use real quotes and stories from participants to illustrate what you have found. This will bring the report to life more than the numbers will!

Quantitative findings can be presented in any appropriate section in various visual forms such graphs, tables, diagrams, or charts. Examples are given in the 7a guidelines in the toolkit. Visuals are often an easier way to express numerical information and they show how many people may have had the same experience or share an opinion and can show comparisons well. Eg you can plot the results from smiley face ratings, and the ratings the 5Cs exercise (2a). Advice about drawing spider diagrams of the 5Cs (2a) exercise are also provided in stage 5 tools. However you need to add a commentary below any visual to explain briefly what it means, and how it links with other evidence you have found.

Appendices to the report can include more photos (of beneficiaries, of the validation meetings or other occasions), or a choice of stories. Always make sure you have people's permission to take their photos and to use them in a report or other publications.

Remember that some of the future readers of your evaluation may not always have extensive background information of a programme. It is important to write the report as if the reader had no knowledge whatsoever so that anyone could read it and still fully understand it.

The other sections of the PIE handbook are:

Section 2. Toolkit of all forms, topic guides for activities in all stages, interviews and focus groups, planning tools, templates for visual materials (smiley faces and photo cards).

Section 3. Appendices: Additional information to support the evaluation process.



Glossary of terms

Here the terms used in the PIE evaluation toolkit are explained. Some terms are generic ones that are well known and used in the disability or evaluation fields. Others (**in bold**) have been very specifically developed for the PIE approach and are used in a specific way.

Access: is not just about whether a place is physically accessible, but also to whether services and support are: affordable, geographically and physically reachable, providing information and using communication that all disabled people can easily understand no matter the impairment (e.g. large print/Braille written information; variety of media like radio, posters, newspaper, and public announcements to include all sensory impairments).

Beneficiaries: People with disabilities and their families and carers who are involved with or benefit from any of the programmes.

CBR Core Team: In the PIE approach this is the team of people directly involved with the CBR programme such as CBR manager and staff, workers and or volunteers (this maybe more or less formally set up and may be a government or non-government (local or international) agency). They will in some sense be overseeing or facilitating activities and provision for people with disabilities in the area.

CBR network of Strategic Partners: In the PIE approach this is the team of people and organisations/groups who are ‘Strategic Partners’ working with and contributing most closely to CBR. They will be actively working on disability issues as part of their remit, and will be collaborating with the CBR core team, perhaps on joint projects/events, giving or receiving training, having some shared aims and objectives.

Community Stakeholders: These are community organisations or agencies that are not so directly linked to the CBR programme but are active in the mainstream community and may or may not support people with disabilities directly through their work with the wider local population (e.g. perhaps faith organisations, local businesses, sports club, or others) (some may become Strategic Partners in the future if they get actively engaged in inclusion work in collaboration with the CBR Core Team).

Disability: is an evolving concept and is experienced differently by different people in different cultural contexts. It is not a word that means the same thing everywhere and is sometimes not easily translated. The ICF (WHO 2001) defines disability as an “umbrella term for impairments, activity limitations or participation restrictions.” The UN Convention on the Rights of Persons with Disabilities states that, disability “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” In different cultural contexts different people identify or are identified by others as disabled.

Effectiveness: judgement of performance, coverage and reach of the programme (here: in response to the needs of disabled people and their families) and of the extent to which interventions have achieved their aims and objectives. In the PIE approach we divide effectiveness into quality, access and coverage.

Efficiency: measure of how economically resources/inputs such as time, funds, expertise, etc. are used and converted into results. Are the resources being used/spent well?

Empowerment: freedom of choice and action, i.e. realising rights, self-esteem, control over resources and future, decision making, self-efficacy, and ability to effect change. In the PIE approach empowerment is seen as an important aspect of IMPACT. (it is also the name of one of the WHO CBR matrix components).

Evaluation: investigates the results of the efforts: has everything happened as it was set out and how well was it done in relation to costs and quality?

Impact: refers to the changes in people's lives, in particular in the PIE approach it includes 3-related aspects: Empowerment (people with disabilities knowing their rights, increased self-esteem and optimism, control over the future and ability to make decisions and choices), Inclusion (gaining access, feeling welcome and respected by others etc.) and Living Conditions (practical aspects such as availability and quality of housing, household income, assistive devices etc.)

Impact evaluation: examines how intervention results affect people and how significant these changes are. It also tries to answer why changes came about to identify good practice and learn lessons for the future.

Impairment: refers to an injury, illness or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function (the main types of impairment usually listed are: Physical, Cognitive/intellectual, Visual, Hearing and communication, mental health. There are also some others which are sometimes important, eg epilepsy, albinism, short stature, chronic illness).

Inclusion: refers to a sense of belonging. In the context of disabled people it refers to having access to services, being able to join in with community and social events, recognition of special or specific needs, being welcomed and appreciated and not discriminated or stigmatised. An inclusive society is one that adapts to enable everyone to join in. In the PIE approach inclusion is seen as one aspect of IMPACT.

Monitoring: looks at the efforts being put into place: what is being done and is it being done in the way it was planned to do it? Monitoring is usually done on a regularly and ongoing basis, unlike evaluation which done intermittently – perhaps once a year or every 3 years.

Participation: is the process through which all members of the community or organisation are involved in and have influence on decisions related to development (here CBR or inclusive development) activities that will affect them.

Quality: refers to how good the support or service is: the actual practice and behaviour e.g. is it respectful in attitude, recognition of specific needs, provided sensitively, comprehensive in providing what people need, including people of all ages, impairments, beliefs, genders, ethnicities, locations?).

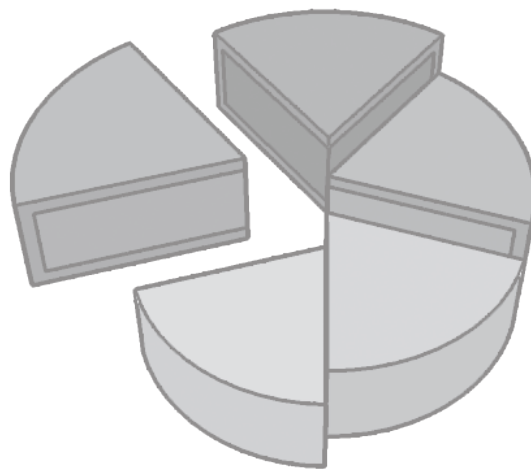
Relevance: the extent to which the objectives of the programme interventions are consistent with beneficiaries' requirements and relate to the specific context of the programme area. I.e. does the programme provide what people need? It also refers to the adaptability, i.e. ability to respond to contextual changes effectively.

Results: the effect, outcome or impact of an intervention – intended or unintended, positive or negative.

Strategic Partners: In the PIE approach these are the Service Providers and others (e.g. agencies and organisations, either government or NGO) who are working closely with the CBR programme to identify and meet the needs of people with disabilities (local health service, schools, income generating coop, NGOs working with specific groups, DPOs or others).

Sustainability: continuation of benefits from the programme intervention. How consistent and lasting are the benefits, how well can activities continue without external support?

Triangulation: involves using multiple data sources and methodologies to produce an account that is rich, robust, comprehensive and well-developed. It also helps to corroborate, validate and verify information and minimise bias. It provides a rounded view of what is happening, from different perspectives.



PIE

Participatory Inclusion Evaluation

**A flexible approach to evaluating the impact of CBR
and inclusive development programmes**